



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2240

1. Project Title
2. Senate Sponsor
3. Date of Request

#### 4. Project/Program Description

The proposed Grove Land Reservoir and Stormwater Treatment Area (GLRSTA) project is located in northern Okeechobee and southern Indian River counties and will provide 100 million gallons a day in additional freshwater to the St. Johns River or back to the C-25 basin as an alternate water supply. The project consists of a 5,000 acre reservoir, a 2,000 acre stormwater treatment area (STA), intake/discharge structures, conveyance improvements, and other associated facilities. The reservoir water supply would consist of excess harmful stormwater runoff that is currently being discharged to the Indian River Lagoon. The water will be captured from the C-25, C-24, and C-23 basins via the C-25, C-24, and C-23 Canals owned by the South Florida Water Management District (SFWMD). As part of this project, the hydraulic connection between these two water management districts would be re-established.

5. State Agency to receive requested funds
- State Agency contacted?

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	6,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>6,000,000</b>

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	6,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	6,000,000	50%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>12,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	6,000,000		No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

If yes, indicate the amount of funds received and what the funds were used for.

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Management/ Administration	250,000
Expense/Equipment/Travel/Supplies/Other	Permitting Assistance	1,650,000
Consultants/Contracted Services/Study	Performance Analysis/Modeling Design, Testing/Site Investigation Financial Feasibility/Organizational Structure Update	4,100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>6,000,000</b>

#### 12. Program Performance

##### a. What specific purpose or goal will be achieved by the funds requested?

Alternative water supply for the CFWI region, removal of excess water to tide in the Indian River Lagoon

##### b. What activities and services will be provided to meet the intended purpose of these funds?

N/A

##### c. What direct services will be provided to citizens by the appropriation project?

removal of excess water to tide in the Indian River Lagoon

##### d. Who is the target population served by this project? How many individuals are expected to be served?

Citizens of Florida

##### e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Alternative water supply for the CFWI region, removal of excess water to tide in the Indian River Lagoon

##### f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

none



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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

no



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- ☒ For Profit Entity  
☐ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☐ Local Entity  
☐ University or College  
☐ Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number



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**Please complete the questions below for Water Projects only.**

**17. Have you applied for alternative state funding?**

- ☐ Waste Water Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (please specify)
- ☒ N/A

**18. What is the population economic status?**

- ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)
- ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- ☐ Rural Area of Economic Concern
- ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- ☒ N/A

**19. What is the status of construction?**

t and submittal of Enviromental Resource and Consumptive Use  
Permit Applications

**20. What percentage of the construction has been completed?**

0

**21. What is the estimated completion date of construction?**

12/1/2022