

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1329

I. Project Title	New Smyrna Beach Historic Westside Stormwater Master Plan					
2. Senate Sponsor	Tom Wright					
3. Date of Request	11/15/2023					
l. Project/Program De	escription					
This neighborhood infrastructure. The cost is significant.	has a history of floo ity has been in the p	ding during heavy process of develop	rainfall events due to d ing a Stormwater Mas	decaying or non-exi ter plan to address	stent stormwater this issue however th	
. State Agency to red	ceive requested fu	nds Departm	ent of Environmental I	Protection		
State Agency conta	cted? No					
. Amount of the Noni	ecurring Request	for Fiscal Year 20	24-2025			
Type of Funding			Amount			
Operations			7	0		
Fixed Capital Outlay	,			3,000,000		
Total State Funds I				3,000,000		
Type of Funding	or Fiscal Tear 202	4-2025 (including	matching funds avai	Percentage)	
Total State Funds R	equested (from que	estion #6)	3,000,000	50%		
Matching Funds	equested (nom que	Stion noj	0,000,000	0070		
Federal			2,000,000	33%		
State (excluding the amount of this request)			0	0%		
Local			1,000,000	17%		
Other			0	0%		
Total Project Costs	for Fiscal Year 20	024-2025	6,000,000	100%		
. Has this project pre	eviously received	state funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
. Is future funding lik	cely to be requeste	ed?	No			
a. If yes, indicate n	onrecurring amou	nt per vear.				
	_	-	ion of state from dina			
b. Describe the sol	arce of funding tha	at can be used in i	ieu of state funding.		1	
0. Has the entity reg	uesting this projec	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?	
Yes						
If yes, indicate the	amount of funds i	received and wha	t the funds were used	d for.		



11. Status of Construction

Planning

a. What is the current phase of the project?

Opening the state of the sta

b. Is the project "shovel ready" (i.e permitted)?

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N/A

No

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CDBG-CV Corona Virus Grant, \$50,000. This grant was used for low to moderate income families for food subsidy and delivery.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start da	te of construction?	Fall 2024	
d. What is the estimated comple	tion date of construction?	Spring 2025	
12. List the owners of the facility to relationship between the owner	o receive, directly or indirects of the facility and the ent	tly, any fixed capital ity.	outlay funding. Include the
City of New Smyrna Beach, mai	ntaining agency.		
13. Details on how the requested st	ate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			(
Other Salary and Benefits			
Expense/Equipment/Travel/Supplies/Other			(
Consultants/Contracted Services/Study			(
Operational Costs: Other			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/Other			
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Design, permitting and cons	truction	3,000,000
Total State Funds Requested (m	ust equal total from question	on #6)	3,000,000
14. Program Performance a. What specific purpose or go	al will be achieved by the fu	ınds requested?	
To fully implement the Historic V		•	
b. What activities and services	•		of these funds?
Design, Permitting and Construc	ction/Dredging of canals and	drainage outfalls.	
c. What direct services will be			t?



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	e and reduce flooding during extreme weather like Hurricanes and Heavy Rain fall events.	_			
d. Who is the targ	get population served by this project? How many individuals are expected to be served?				
	nd businesses located in eastern Volusia County Historic Westside district New Smyrna Beach.				
e. What is the exp be measured?	pected benefit or outcome of this project? What is the methodology by which this outcome w	iII			
Improved drainag	e and watershed during extreme weather events.				
f. What are the su	ggested penalties that the contracting agency may consider in addition to its standard penal	tie			
for failing to meet	t deliverables or performance measures provided for the contract?				
Liquidated damag	ges will be assigned to the project for failure to perform based on contract time and deliverables.				
15. Requester Contac	t Information				
a. First Name	Chad Last Name Gibson				
b. Organization	City of New Smyrna Beach				
c. E-mail Address	cgibson@cityofnsb.com				
d. Phone Number	(386)410-2615 Ext. 2615				
16. Recipient Contact	Information				
a. Organization	City of New Smyrna Beach				
b. Municipality and	d County Volusia				
c. Organization Ty	ре				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
☑Local Entity					
□University or Co	ollege				
□Other (please s	pecify)				
d. First Name	Khalid Last Name Resheidat				
e. E-mail Address	kresheidat@cityofnsb.com				
f. Phone Number	(386)410-2610				
17. Lobbyist Contact	Information				
a. Name	None				
b. Firm Name					
c. E-mail Address					



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d. Ph	one Number			
Please	complete the questions below for Water Projects only.			
18. Have	you applied for alternative state funding?			
□ W	Vaste Water Revolving Loan			
□ D	☐ Drinking Water Revolving Loan			
□s	mall Community Wastewater Treatment Grant			
	Other (please specify)			
⊠N	I/A			
9. What	is the population economic status?			
□F	inancially Disadvantaged Community (ch. 62-552, F.A.C)			
□F	inancially Disadvantaged Municipality (ch. 62-552, F.A.C)			
□R	tural Area of Economic Concern			
□R	tural Area of Opportunity (s. 288.0656, Florida Statutes)			
☑N	I/A			
0. What	is the status of construction?			
Not	Started			
21. What	percentage of the construction has been completed?			
0%				
22. What	is the estimated completion date of construction?			
03/1	12/2025			