



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1789

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds secured through this project will help reduce stormwater runoff and pollutant loading into local water systems by enhancing existing roadway infrastructure in the central historic region of Palm Beach County. The current roadways and water systems in the area have not been updated to accommodate modern traffic patterns and increased commercial property use since their incorporation in the 1950s. Funding will also be used to assist with septic to sewer conversions in critical areas.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 0 |
| Fixed Capital Outlay | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 1,000,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 1,000,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 1,000,000 | 2042A | Yes |

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.

Partial local funding may be available.

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



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

Palm Beach County is the recipient of CARES US Treasury funds in the amount of \$261 million. Funding was spent entirely on emergency assistance, mortgage assistance, business grants, COVID-19 sheltering, testing and isolation, as well as on emergency personnel. Palm Beach County also received approximately \$290 million in American Rescue Plan Funding for pandemic-related service and infrastructure projects.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

No

c. What is the estimated start date of construction?

12/1/2025

d. What is the estimated completion date of construction?

12/1/2026

12. List 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.

Palm Beach County

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|--|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Funds will be used for the planning and modifications to current roadway infrastructure and for septic to sewer conversions in critical areas. | 1,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 1,000,000 |

14. Program Performance

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



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

Roadway infrastructure within the central historic region of Palm Beach County. The current roadways and water systems within the area have not been adapted to modern traffic patterns and increased commercial property use. Funds will also be used to assist with septic to sewer conversions in critical areas.

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

Improved roadways and runoff water quality infrastructure, much of which is more than 50 years old as well as new access to sewer for those previously on septic systems.

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

The project targets the Central Palm Beach Historical Region comprised of 12 municipalities, though residents across the entire county will benefit from the project as they travel in the area.

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

Improved transportation conditions, improved stormwater management, and improved ground water quality are expected. Palm Beach County Engineering and Public Works will monitor traffic and vehicle accident data following construction of infrastructure improvements. Palm Beach County's Environmental Resource Management Department will monitor both quantity of stormwater runoff and nutrient load as metrics to monitor success of improvements.

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?

Remittal of funding if project does not commence within established timeline.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number