

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

LFIR # 2240

1. Project Title	Lee Waterline R	eplacement Phas	se I			
2. Senate Sponsor	Corey Simon					
3. Date of Request	12/07/2023					
4. Project/Program De	escription					
prioritized the needs valves and fire hydra	s for replacement ar ants needs to be re	nd rehabilitation a placed or repaire	ystem with sizes ranging and has determined that d. Based upon our opini n will need approximate	approximately 1200 on of probable cons	O linear feet of waterline struction costs, along	
5. State Agency to red	ceive requested fu	ı nds Depar	tment of Environmental	Protection		
State Agency conta	acted? No					
6. Amount of the Noni	recurring Request	for Fiscal Year	2024-2025			
Type of Funding	<u> </u>		Amo	unt		
Operations			7	0		
Fixed Capital Outlay	•			800,000		
Total State Funds I				800,000		
Type of Funding		1: 40	Amount	Percentage		
Total State Funds R	equested (from que	estion #6)	800,000	100%		
Matching Funds Federal			0	00/		
	amount of this requ	IOST)	0	0% 0%		
Local	State (excluding the amount of this request)			0%		
Other			0	0%		
Total Project Costs for Fiscal Year 2024-2025			800,000	100%		
8. Has this project pro	eviously received	state funding?	No			
Fiscal Year	Ame	punt	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lik	cely to be requeste	ed?	Yes			
a. If yes, indicate nonrecurring amount per year.			500,000			
b. Describe the sou	urce of funding that	at can be used in	n lieu of state funding.			
			red any other additional			
			<u>-</u>	-	40 mandami-0	
	uesting this proje	ct received any	federal assistance rela	itea to the COVID-	19 pandemic?	
No						



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

Complete questions 11 a	nd 12 for Fixed C	apital Outlay Projects	
Status of Construction a. What is the current phase of t	he project?		
Planning	Construction) N/A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start da	te of construction?	In the Planning/design Phase	
d. What is the estimated comple	tion date of construction	n? In the Planning/design Phase	
2. List the owners of the facility to relationship between the owne	o receive, directly or ind rs of the facility and the	irectly, any fixed capital outlay f entity.	unding. Include the
N/a			
3. Details on how the requested st	ate funds will be expend	ded	
Spending Category		Description	Amount

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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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Engineering, Construction and Construction Engineering Inspection for the replacement of 1200 linear feet of potable waterline and installation of fire hydrants.	800,000
Total State Funds Requested (must equal total from question #6)		

14. Program Performance

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

Replacement and rehabilitation of approximately1,200 linear feet of waterline, valves and fire hydrants.



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b. What activ	/ities	and servi	ces will be prov	ided to mee	t the intended purpose of	f these funds?
This project	will in	nprove pub	olic safety for the	Town of Lee		
c. What direc	ct ser	vices will	be provided to	citizens by t	he appropriation project?	?
Improved res	spons	e to fire er	mergencies.			
d. Who is the	e targ	et popula	tion served by t	his project?	How many individuals a	re expected to be served?
The Town of	f Lee					
e. What is the	_	ected ber	nefit or outcome	of this proj	ect? What is the methodo	ology by which this outcome will
Improved pu	ıblic s	afety and I	better emergency	/ response.		
					g agency may consider in es provided for the contr	n addition to its standard penaltie act?
Return of mo	oney.					
15. Requester Co	ontact	t Informat	ion			
a. First Name	<u> </u>	Sona		Last Name	Hayslett	
b. Organization	on	Town of Lee Town Manager				
c. E-mail Add	lress	leemanager@leeflorida.org				
d. Phone Nun	nber	er (850)971-5867 Ext.				
16. Recipient Cor	ntact	Information	on			
a. Organizatio	on	Town of Lee Town Manager				
b. Municipalit	ty and	d County	Madison			
c. Organizatio	on Ty	pe				
□For Profit E	Entity					
□Non Profit	501(0	c)(3)				
□Non Profit	501(0	(4)				
☑Local Entit	ty					
□University	or Co	llege				
□Other (plea	ase sp	oecify)				
d. First Name	•	Sona		Last Name	Hayslett	
e. E-mail Add	lress	leemanager@leeflorida.org				
f. Phone Num	nber	(850)971-5867				



12/31/2026

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a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						
Please complete the questions below for Water Projects only. 18. Have you applied for alternative state funding?						
☐ Waste Water Re	☐ Waste Water Revolving Loan					
☐ Drinking Water	☐ Drinking Water Revolving Loan					
☐ Small Communi	☐ Small Community Wastewater Treatment Grant					
☐ Other (please s	☐ Other (please specify)					
☑ N/A	☑ N/A					
19. What is the popula	tion economic status?					
☑ Financially Disa	dvantaged Community (ch. 62-552, F.A.C)					
☐ Financially Disa	☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)					
☐ Rural Area of E	□ Rural Area of Economic Concern					
☐ Rural Area of O	☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)					
□ N/A						
20. What is the status	of construction?					
Not started						
21. What percentage o	f the construction has been completed?					
0						
22. What is the estimate	ted completion date of construction?					