

LFIR # 2358

		Q1						
1.	Project Title	Clermont WWTP	Expansion					
2.	Senate Sponsor	Dennis Baxley						
3.	Date of Request	12/18/2023						
4.	Project/Program De	escription						
	current and future or	owth of the commuse capacity to serve	nity. The plant the region. Th	expa e pla	nsion wil	I provide for	a retrofit and harde	ecessary capacity for ening of existing facilities as unincorporated Lake
5.	State Agency to rec	eive requested fu	n ds Depa	artme	ent of Env	vironmental I	Protection	
	State Agency conta	cted? No						
6.	Amount of the Nonr	ecurring Request	for Fiscal Yea	r 202	24-2025			
	Type of Funding					Amo	unt	
	Operations						0	
	Fixed Capital Outlay						1,000,000	
	Total State Funds F	Requested					1,000,000	
7.	Total Project Cost fo	or Fiscal Year 2024	4-2025 (includ	ing r	natching	j funds avai	lable for this proje	ect)
	Type of Funding				Amo	unt	Percentage	
	Total State Funds Requested (from question #6)					1,000,000	17%	
	Matching Funds							
	Federal					0	0%	
	State (excluding the	amount of this requ	est)			0	0%	
	Local					5,000,000	83%	
	Other					0	0%	
	Total Project Costs for Fiscal Year 2024-2025					6,000,000	100%	
8.	Has this project pre	eviously received s	state funding?	•	Yes			
	Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurrir	na		ecific oriation #	Vetoed	
	2023-24	0	1,000			1705A	No	
		<u> </u>	.,000	,,,,,,				
9.	Is future funding lik	ely to be requeste	d?		No			
	a. If yes, indicate no	onrecurring amou	nt per year.					
	b. Describe the sou	rce of funding tha	t can be used	in li	eu of sta	te fundina.		
		g						
10	. Has the entity requ	uesting this projec	t received any	y fed	eral ass	istance rela	ted to the COVID-	19 pandemic?
	Yes							
			and the second	l 4	4la a Car	la	-1 £	
	If yes, indicate the	amount of funds r	eceived and v	vnat	tne fund	is were used	a t or.	



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\$ 19,000,000 Used for general fund and COVID-19 expenses.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Complete questions in a	па 12 101 1 1хоа Сар	itai Gatiay i 10	Jooto				
11. Status of Construction a. What is the current phase of t	:he project?						
Planning Design	⊙ Construction	A					
b. Is the project "shovel ready"	(i.e permitted)?	Yes					
c. What is the estimated start da	ate of construction?	Currently under construction.					
d. What is the estimated comple	etion date of construction?	12/1/2025					
 12. List the owners of the facility to relationship between the owners. City of Clermont 13. Details on how the requested so 	ers of the facility and the ent	tly, any fixed capita ity.	l outlay funding. I	nclude the			
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							
	ixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Construction of improvemen	ts		1,000,00			
Total State Funds Requested (m	nust equal total from questic	on #6)		1,000,00			
14. Program Performance a. What specific purpose or go	al will be achieved by the fu	ınds requested?					
Increase capacity of the treatme	ent plant to accommodate grove	wth.					
b. What activities and services	will be provided to meet the	e intended purpose	of these funds?				
Construction of improvements.							

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



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Additional wastew							
d. Who is the targ	d. Who is the target population served by this project? How many individuals are expected to be served?						
Approximately 43	Approximately 43,000 residents plus additional surrounding communities. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?						
-							
Additional capacit	y. Measure capacity before	and after the	e project.				
	ggested penalties that the deliverables or performa					s standard penalties	
Repay 100% of th	ne allocation.						
15. Requester Contac	t Information						
a. First Name	Scott	Last Name	Davidoff				
b. Organization	City of Clermont	,					
_	sdavidoff@clermontfl.org						
d. Phone Number		Ext.					
16. Recipient Contact	Information						
a. Organization	City of Clermont						
b. Municipality and	d County Lake						
c. Organization Ty	pe						
□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], aat Nama	Mairrage				
	James	Last Name	Maiworm				
	jmaiworm@clermontfl.org						
f. Phone Number	(352)241-0178						
17. Lobbyist Contact							
a. Name b. Firm Name	CrowPobingon BA						
	GrayRobinson PA						
c. E-mail Address	chris.carmody@gray-robi	115011.00111					



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d. Pho	one Number (407)843-8880					
Please	Please complete the questions below for Water Projects only.					
18. Have y	you applied for alternative state funding?					
□ Wa	aste Water Revolving Loan					
□ Dr	rinking Water Revolving Loan					
□ Sn	mall Community Wastewater Treatment Grant					
□ Ot	ther (please specify)					
☑ N/	'A					
19. What i	is the population economic status?					
□ Fir	nancially Disadvantaged Community (ch. 62-552, F.A.C)					
□ Fir	nancially Disadvantaged Municipality (ch. 62-552, F.A.C)					
□ Ru	ural Area of Economic Concern					
□ Ru	ural Area of Opportunity (s. 288.0656, Florida Statutes)					
☑ N/	'A					
20. What i	is the status of construction?					
Curre	ently under construction.					
21. What p	percentage of the construction has been completed?					
15%						
22. What i	is the estimated completion date of construction?					
12/1/	/2025					