

LFIR # 2632

2. Senate Sponsor Dennis Baxley 3. Date of Request 12/18/2023  1. Project/Program Description  The City of Clermont reclaim water system serves over 6,500 homes. This 3-million-gallon storage tank will be a cripart of the reclaim system by storing additional reclaim water that would otherwise be directed to the rapid infiltration basins. This additional reclaim water will serve to keep homes of the potable water system for irrigation.  5. State Agency to receive requested funds  State Agency contacted? No  Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding  Operations  Operations  Operations  Operations  Total State Funds Requested  Total State Funds Requested (from question #6)  Total State Funds Requested (from question #6)  Matching Funds  Federal  O 0 0%  State (excluding the amount of this request)  Operations  Federal  O 0 0%  State (excluding the amount of this request)  Operations  Fixed Year  Amount  Percentage  Operations  Fixed Year  O 0 0%  State (excluding the amount of this request)  O 0 0%  State (excluding the amount of this request)  O 0 0%  State (excluding the amount of this request)  O 10%  State (excluding the amount of this request)  O 10%  State (excluding the amount of this request)  O 10%  State (excluding the amount of this request)  O 10%  State (excluding the amount of this request)  O 10%  State (excluding the amount of this request)  O 20%  State (excluding the amount of this request)  Operations  Oper	. Project Title	Clermont Highland Ranch Reclaim Water Storage					
Project/Program Description  The City of Clermont reclaim water system serves over 6,500 homes. This 3-million-gallon storage tank will be a cripant of the reclaim system by storing additional reclaim water that would otherwise be directed to the rapid infiltration basins. This additional reclaim water will serve to keep homes of the potable water system for irrigation.  State Agency to receive requested funds Department of Environmental Protection  State Agency contacted? No  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  Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding Amount Percentage 1,000,000 17%  Matching Funds Requested (from question #6) 1,000,000 17%  Matching Funds Percentage 1,000,000 17%  State (excluding the amount of this request) 0 0%  State (excluding the amount of this request) 0 0%  Total Project Costs for Fiscal Year 2024-2025 6,000,000 100%  Total Project Costs for Fiscal Year 2024-2025 6,000,000 100%  The Specific Appropriation # No Nonrecurring Nonrecurring Appropriation # No Nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.	. Senate Sponsor	Dennis Baxley					
The City of Clermont reclaim water system serves over 6,500 homes. This 3-million-gallon storage tank will be a cripant of the reclaim system by storing additional reclaim water that would otherwise be directed to the rapid infiltration basins. This additional reclaim mater will serve to keep homes of the potable water system for irrigation.  State Agency to receive requested funds  State Agency contacted? No  Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding Operations Ope	. Date of Request	12/18/2023					
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Type of Funding	State Agency conta	icted? No					
Type of Funding	Amount of the Noni	recurring Request	for Fiscal Year 2	024-2025			
Operations					unt		
Total State Funds Requested  Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Total State Funds Requested (from question #6)  Total State Funds Requested (from question #6)  Matching Funds  Federal  O O O State (excluding the amount of this request)  O O O O O O Total Project Costs for Fiscal Year 2024-2025  Has this project previously received state funding?  Tiscal Year (yyyy-yy)  Recurring  Nonrecurring  No  Recurring  No No  No  No  No  No No No No No No N					0		
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 17%  Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0 0% Local 5,000,000 83% Other 0 0 0% Total Project Costs for Fiscal Year 2024-2025 6,000,000 100%  Has this project previously received state funding?  No  Fiscal Year (yyyy-yy) Recurring Nonrecurring Nonrecurring No  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.  O. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	Fixed Capital Outlay	1			1,000,000		
Type of Funding Total State Funds Requested (from question #6)  Matching Funds Federal Federal  O State (excluding the amount of this request)  Other O Total Project Costs for Fiscal Year 2024-2025  Has this project previously received state funding?  Fiscal Year (yyyy-yy) Recurring Nonrecurring No  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.  O. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	Total State Funds I	Requested			1,000,000		
Total State Funds Requested (from question #6)    1,000,000	•	OI FISCAI TEAI 202	.4-2025 (Including				
Matching Funds   0 0 0%		equested (from que	estion #6)	1 1111 2 11111	<u> </u>		
State (excluding the amount of this request)		<u> </u>	, , , , , , , , , , , , , , , , , , ,	.,000,000	,		
Specific   No   No   No   No   No   No   No   N	Federal			0 0%			
Other 0 0% Total Project Costs for Fiscal Year 2024-2025 6,000,000 100%  Has this project previously received state funding?  Fiscal Year Amount Specific Vetoed Appropriation #  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.  O. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	State (excluding the amount of this request)			0 0%			
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. Has this project previously received state funding?    Fiscal Year	Other			0	0%		
Fiscal Year (yyyy-yy) Recurring Nonrecurring Appropriation # No  a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.  O. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	<b>Total Project Costs</b>	for Fiscal Year 20	024-2025	6,000,000	100%		
(yyyy-yy)  Recurring  Nonrecurring  No  a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.  O. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	. Has this project pro	eviously received	state funding?	No			
a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.  0. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?		Amount			Vetoed		
a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.  0. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
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b. Describe the source of funding that can be used in lieu of state funding.  0. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	a. If yes, indicate n	onrecurring amou	ınt per year.				
0. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?		_		liou of state funding		1	
	b. Describe the sot	ince of funding the	at can be used in	neu or state runding.		1	
	0. Has the entity req	uestina this proje	ct received any fe	ederal assistance rela	ted to the COVID-	19 pandemic?	
If yes, indicate the amount of funds received and what the funds were used for.							



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

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

-	_		
11. Status of Construction			
a. What is the current phase of t	he project?		
Planning	Oconstruction N	/A	
b. Is the project "shovel ready"	(i.e permitted)?	No	
c. What is the estimated start da	te of construction?	3/1/2025	
d. What is the estimated comple	tion date of construction?	3/1/2026	
12. List the owners of the facility to relationship between the owner	o receive, directly or indire	ectly, any fixed capital outlay fundatity.	ding. Include the
City of Clermont			
13. Details on how the requested st	tate funds will be expende		A
Spending Category Administrative Costs:		Description	Amount
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/Major	r Renovation:		
Construction/Renovation/Land/ Planning Engineering			1,000,000
<b>Total State Funds Requested (m</b>	ust equal total from quest	ion #6)	1,000,000
14. Program Performance a. What specific purpose or go	al will be achieved by the f	funds requested?	
Increase availability of alternate	water supply in reclaim water	er.	
		he intended purpose of these fur	nds?
Construction of improvements.			
c. What direct services will be	provided to citizens by the	appropriation project?	
Additional reclaim water.	•	· · · · ·	



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43,000 residents	of Clermont and surroundir	ng communitie	es.			
e. What is the exp	pected benefit or outcome	of this proj	ect? What is t	he methodo	logy by which	n this outcome wil
Additional storage	e of reclaim water. Measure	storage befo	ore and after pr	oject.		
	iggested penalties that th t deliverables or performa					s standard penalt
Repay 100% of the	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	(352)341-7355	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(	c)(3)					
Non Profit 501(						
☑Local Entity	O)( 1)					
·						
□University or Co	G					
□Other (please s	pecify)					
d. First Name	James	Last Name	Maiworm			
e. E-mail Address	jmaiworm@clermontfl.org					
f. Phone Number	(352)241-0178					
17. Lobbyist Contact	Information					
a. Name	Christopher L. Carmody					
b. Firm Name	GrayRobinson PA					
c. E-mail Address	chris.carmody@gray-robi	nson.com				
d. Phone Number	(407)843-8880					



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

18.	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
19. \	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
20. \	What is the status of construction?
	Planning stage
21. \	What percentage of the construction has been completed?
	0%
22. \	What is the estimated completion date of construction?
	2/1/2026