

1. Project Title

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

Micanopy Water Source and Treatment System Improvements

LFIR # 2870

Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr Fiscal Year (уууу-уу)	e amount of this requested services are serviced services. Amount of this requested services are services. Amount of this requested services are services. Amount of this requested services are services.	est) 24-2025 state funding? ount Nonrecurring	1,000,000 0 75,000 0 1,075,000 No Specific Appropriation #	93% 0% 0% 7% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr	e amount of this requests for Fiscal Year 20 reviously received s	est) 24-2025 state funding?	1,000,000 0 75,000 0 1,075,000 No Specific	93% 0% 0% 7% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr	e amount of this requests for Fiscal Year 20 reviously received s	est) 24-2025 state funding?	1,000,000 0 75,000 0 1,075,000 No Specific	93% 0% 0% 7% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost	e amount of this requ s for Fiscal Year 20	est) 24-2025	1,000,000 0 75,000 0 1,075,000	93% 0% 0% 7% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other	e amount of this requ	est)	1,000,000 0 0 75,000 0	93% 0% 0% 7% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local			1,000,000 0 0 75,000	93% 0% 0% 7%	
Total State Funds F Matching Funds Federal State (excluding the Local			1,000,000	93% 0% 0% 7%	
Total State Funds F Matching Funds Federal State (excluding the			1,000,000	93% 0% 0%	
Total State Funds F Matching Funds	Requested (from que	stion #6)	1,000,000	93%	
Total State Funds F	Requested (from que	stion #6)			
	Requested (from que	stion #6)			
Type of Funding			711104111	Percentage	
-	for Fiscal Year 2024	4-2025 (including	matching funds avai		ect)
Total State Funds Requested				1,000,000	
Fixed Capital Outlay				1,000,000	
Operations				0	
Type of Funding			Amou	unt	
	recurring Request	for Fiscal Year 2	024-2025		
State Agency to re	acted? Yes	nus Departi	nent of Environmental F	TOLECTION	
•	he proposed project	•	•	Dunt a ati a m	
Town. The Town is storage in their exist the Paynes Prairie water supply to hon Town has since implack of storage, disi	seeking funding sup sting system. This quare seasonally influenes. In December 20 blemented an interiman fection contact time	port for design an ality issue has be nced by surface v 19, a Consent Or treatment metho is limited, creatir	Id construction efforts to en ongoing for decades vater that creates color der was issued to Mical d to reduce DBPs, but v ig additional operationa	o add treatment tech i. The shallow wells and odor issues in nopy for by-product values are still relati	nnologies and incr located downstre the public drinking exceedances. Th vely high. Because
Project/Program D The Town is currer	ntly in the planning pl	hase of evaluating	g treatment options to m	nitigate the water qu	ıality issues throug
•	U1/U0/2U24				
Date of Request	01/08/2024				



Yes

11. Status of Construction

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

LFIR # 2870

Revenue Recovery
Revenue Recovery

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a. What is the current phase of the project?					
Planning	O Design	Construction	O N/A		
b. Is the project "shovel ready" (i.e permitted)?					

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

09/2027

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.

Local Goverment -	Town of	Micanopy
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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	Design and construction of water treatment technologies and storage.	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?

Design and construction of water source, treatment, and storage improvements to further improve water quality to meet Consent Order requirements and hold Disinfection Byproducts below the Maximum Contaminant Level.

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



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

LFIR # 2870

Design and cons	truction of v	water source and	treatment sy	stem improvements.			
c. What direct se	rect services will be provided to citizens by the appropriation project?						
Improved water	vater quality eliminating color and odor issues.						
d. Who is the tar	rget population served by this project? How many individuals are expected to be served?						
Town limits of M	limits of Micanopy - Population 647						
e. What is the ex be measured?	s the expected benefit or outcome of this project? What is the methodology by which this outcome will ured?						
Improved drinkin	drinking water quality in the Town of Micanopy measured by the FDEP permitting and FDEP/WWMD sampling						
					in addition to its standard penalties		
for failing to mee	t deliverab	oles or performa	ance measur	es provided for the cont	ract?		
FDEP permitting	, withholdin	g payment, Corre	ective Action	Plan, termination of agree	ement.		
15. Requester Contac	ct Informat	ion					
a. First Name	Sara		Last Name	Owen			
b. Organization	b. Organization Town of Micanopy						
c. E-mail Address	mail Address townhall@micanopytown.com						
d. Phone Number	(352)466	-3121	Ext.				
16. Recipient Contac	t Information	on					
a. Organization	Town of Micanopy						
b. Municipality ar	d County	Alachua					
c. Organization T	уре						
□For Profit Entity	/						
□Non Profit 501	(c)(3)						
□Non Profit 501	(c)(4)						
□Local Entity							
□University or C	ollege						
☑Other (please	specify) To	wn of Micanopy					
d. First Name	Sara		Last Name	Owen			
e. E-mail Address	townhall	@micanopytown.	.com				
f. Phone Number	f. Phone Number (352)466-3121						
17. Lobbyist Contact	Informatio	n					
a. Name	Katie Flu	ırv					



09/01/2027

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

LFIR # 2870

	b. Firm Name	GrayRobinson PA					
	c. E-mail Address	katie.flury@gray-robinson.com					
	d. Phone Number	(407)843-8880					
	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.	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?					
	Not ready						
21.	What percentage o	f the construction has been completed?					
	0						
22.	What is the estimate	ted completion date of construction?					