

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

LFIR # 3204

	Bushnell Sanitary Sewer Upgrades	Overflow F	Rehabilitation and Adv	anced Treatment	
2. Senate Sponsor	Blaise Ingoglia				
3. Date of Request	01/08/2024				
4. Project/Program De	scription				
	ct a 1) new master lift station	n to correc	t recurring nump failur	es and high wet we	all alarms resulting in
sanitary sewer overfloe expand sprayfield dis	ows to Jumper Creek and the sposal site. Successful imple tonmental Protection's goals	he Upper V ementation	Withlacoochee River B	asin, 2) construct r ect will further adva	new WWTF, and 3) nce the State of Florida
5. State Agency to rec	eive requested funds	Departm	ent of Environmental I	Protection	
State Agency contact	cted? Yes ecurring Request for Fisca	al Year 20	24-2025		
Type of Funding			Amou	unt	
Operations				0	
Fixed Capital Outlay				2,000,000	
<b>Total State Funds R</b>	Requested			2,000,000	
Type of Funding	. 1/1		Amount	Percentage	
Total State Funds Re	equested (from question #6)	)	Amount 2,000,000	Percentage 50%	
Total State Funds Re Matching Funds	equested (from question #6)		2,000,000	50%	
Total State Funds Re Matching Funds Federal			2,000,000	50%	
Total State Funds Re Matching Funds Federal State (excluding the a	equested (from question #6) amount of this request)		2,000,000	50% 0% 0%	
Total State Funds Re Matching Funds Federal			2,000,000	50% 0% 0% 50%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this request)		2,000,000 0 2,000,000 0	50% 0% 0% 50% 0%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs			2,000,000 0 2,000,000	50% 0% 0% 50%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project presented by the second contact and the	amount of this request)  for Fiscal Year 2024-2025		2,000,000  0 2,000,000 0 4,000,000 No Specific	50% 0% 0% 50% 0%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre-	amount of this request)  for Fiscal Year 2024-2025  viously received state fun  Amount		2,000,000 0 2,000,000 0 4,000,000	50% 0% 0% 50% 100%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project presented by the second content of	amount of this request)  for Fiscal Year 2024-2025  viously received state fun  Amount	ading?	2,000,000  0 2,000,000 0 4,000,000 No Specific	50% 0% 0% 50% 100%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project prev Fiscal Year (уууу-уу)	for Fiscal Year 2024-2025 viously received state fun Amount Recurring Nonre	ading?	2,000,000  0 2,000,000 0 4,000,000 No Specific	50% 0% 0% 50% 100%	
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre Fiscal Year (yyyy-yy)  9. Is future funding like	for Fiscal Year 2024-2025 viously received state fun  Amount  Recurring Nonre	ading?	2,000,000  0 2,000,000 0 4,000,000 No Specific Appropriation #	50% 0% 0% 50% 100%	
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local Other  Total Project Costs  8. Has this project pre  Fiscal Year (уууу-уу)  9. Is future funding like a. If yes, indicate no	for Fiscal Year 2024-2025 viously received state fun  Amount Recurring Nonre ely to be requested? onrecurring amount per year	ecurring	2,000,000  0 2,000,000 0 4,000,000 No Specific Appropriation #	50% 0% 0% 50% 100%	
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local Other  Total Project Costs  8. Has this project pre  Fiscal Year (yyyy-yy)  9. Is future funding like a. If yes, indicate no	for Fiscal Year 2024-2025 viously received state fun  Amount  Recurring Nonre	ecurring	2,000,000  0 2,000,000 0 4,000,000 No Specific Appropriation #	50% 0% 0% 50% 100%	
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local  Other  Total Project Costs  8. Has this project predict (yyyy-yy)  9. Is future funding like a. If yes, indicate no b. Describe the sour	for Fiscal Year 2024-2025 viously received state fun  Amount Recurring Nonre ely to be requested? onrecurring amount per year	ecurring	2,000,000  0 2,000,000 0 4,000,000 No Specific Appropriation # No ieu of state funding.	50%  0% 50%  0% 100%	19 nandamic?



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Revenue Recovery - \$1,594,217	
amplete guartians 11 and 12 for Fixed Capital Quitlay Praisets	

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

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

11. Status of Const a. What is the cu		he project?			
<ul><li>Planning</li></ul>	O Design	Construction	O N/A		
b. Is the project	"shovel ready"	(i.e permitted)?		No	
c. What is the estimated start date of construction?				Not yet ready	
d. What is the es	stimated comple	tion date of constru	ction?	9/1/2027	
12. List the owners relationship be	s of the facility to	o receive, directly or rs of the facility and	indirectl the entity	y, any fixed capita y.	al outlay funding. Include the

#### 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	The City is seeking design and construction funding to help support the 1) integration of advanced treatment equipment, 2) expansion of the spray field disposal site, and 3) construct a new master lift station.	2,000,000			
Total State Funds Requested (must equal total from question #6) 2,000,000					

#### 14. Program Performance

Local Government.

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

Design and construct 1) new master lift station to correct recurring pump failures and high wet well alarms resulting in sanitary sewer overflows to Jumper Creek and the Upper Withlacoochee River Basin, 2) construct new WWTF, and 3) expand spray field disposal site. Successful implementation of the proposed project will enhance/preserve fish and wildlife quality, increase/improve economic activity, improve wastewater management, improve groundwater quality, improve drinking water quality, and improve surface water quality.



15.

16.

d. First Name

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b. What activities	and services wi	ill be provided to m	eet the in	tended purpo	ose of th	ese fund:	s?	
1) integration of a master lift station.	dvanced treatme	nt equipment, 2) exp	ansion of	the spray field	d disposa	al site, and	3) construction	n a new
	vices will be pro	ovided to citizens b	y the app	ropriation pr	oject?			
Improved sewer s	ervice, improved	groundwater, surfac	e water, a	nd drinking w	ater qua	lity.		
d. Who is the targ	et population se	erved by this projec	t? How n	any individu	uals are	expected	to be served?	
City of Bushnell -	Population 3,021							
e. What is the exp be measured?	ected benefit or	r outcome of this pr	oject? W	hat is the me	thodolo	gy by whi	ich this outco	ne will
to support of residemanagement by de overflow discharging groundwater, 6) im	ential and comme ecreasing sanitar ng into groundwa aprove surface wa	ne to elimination of al ercial growth betwee ry sewer overflows at ater, 5) improved drin ater quality by elimin ee River Basin and Ju	n the Villa t lift statior king wate ating the i	ges and I-75 i i, 4) improved r quality by eli nvoluntary dis	in Sumte I ground iminating scharge o	r County, s water quali sewer over	<ol> <li>improved wa ity by eliminatir erflow contamir</li> </ol>	astewater ng sewer nating
	••	es that the contract performance meas	• •				its standard <sub>l</sub>	oenalties
Withholding paym	ent, Corrective A	action Plan, termination	on of agre	ement.				
Requester Contac	t Information							
a. First Name	Mike	Last Nam	ne Eastbu	ırn				
b. Organization	City of Bushnell	l						
c. E-mail Address	meastburn@cit	yofbushnellfl.com						
d. Phone Number	(352)793-3907	Ex	kt.					
Recipient Contact	Information			_				
a. Organization	City of Bushnell	l						
b. Municipality and	d County Sumt	ter						
c. Organization Ty	pe							
□For Profit Entity								
□Non Profit 501(d	c)(3)							
□Non Profit 501(d	c)(4)							
☑Local Entity								
□University or Co	llege							
□Other (please s	pecify)							
``	• /							

Last Name Ray-Ross



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	e. E-mail Address	TRay@woodardcurran.com					
	f. Phone Number	(850)258-8303					
17.	17. Lobbyist Contact Information						
	a. Name Robert F. Stuart Jr.						
	b. Firm Name GrayRobinson PA						
	c. E-mail Address robert.stuart@gray-robinson.com						
	d. Phone Number	(850)577-9090					
	-	e the questions below for Water Projects only.					
	☑ Waste Water R	evolving Loan					
	□ Drinking Water	Revolving Loan					
	□ Small Community Wastewater Treatment Grant						
	☐ Other (please specify)						
	□ N/A						
19.	What is the popula	tion 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 of	of the construction has been completed?					
	0						
22.	What is the estima 9/1/2027	ted completion date of construction?					