

**LFIR # 1535** 

1. Project Title	Indian Trail Imp Expansion	rovement District I	M1 Drainage Basin Im <sub>l</sub>	poundment		
2. Senate Sponsor	Gayle Harrell					
3. Date of Request	2/14/2025					
4. Project/Program De	escription					
management system drainage from JW C	n. The system serv orbett Wildlife Man he expansion will a	es 38 square mile agement Area. Th	e existing 720-acre Im	ach County, it also s poundment can stor	urface water erves 6.2 square miles e approximately 1861- ocates to an additional	
5. State Agency to red		unds Depart	ment of Environmental	Protection		
State Agency conta	-					
6. Amount of the Nonr		t for Fiscal Year 2	2025-2026			
Type of Funding				ount		
Operating			7	97,000		
Fixed Capital Outlay				353,000		
Total State Funds F	Total State Funds Requested			450,000		
7. Total Project Cost f	or Fiscal Year 202	25-2026 (includin	g matching funds ava	ailable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)			450,000	78%		
Matching Funds			_			
Federal			0	0%		
State (excluding the	amount of this req	uest)	120,000	0%		
Local Other			130,000 0	22% 0%		
Total Project Costs	for Final Voca 2	005 0000	580,000	100%		
8. Has this project pre If yes, provide the i	eviously received	state funding?	No 380,000	100%	I	
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundi		-	Yes		I	
a. If yes, indicate nonrecurring amount per year. 500,000						
b. Describe the source of funding that can be used in lieu of state funding.						
Grant Funding. Bonding. Local District Non-Ad Valorem Tax .						



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction						
a. What is the current phase of the project?						
b. Is the project "shovel ready" (i.e permitted)?	No					
c. What is the estimated start date of construction?	02/02/2026					
d. What is the estimated completion date of construction?	12/25/2028					
e. What funding stream will be used for ongoing operations	and maintenance of	the project?				
Non-Ad Valorem Assessments						
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti		outlay funding. Include the				
Indian Trail Improvement District						

### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Site legal description and soil engineering have been completed. Site survey with canal locations and detailed topography are needed.	97,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Modeling for the Low Hazard Impoundment, and storm routings are needed. Site electrical, telemetry, and a SCADA system are included. Construction plans and regulatory permitting with federal, state, and county agencies are required. Consulting and engineering firms will be brought on board for the storm analyses, levee design, control structure with motor operations designs, and permitting.	353,000
Total State Funds Requested (m	ust equal total from question #6)	450,000

### 13. Program Performance

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



☐ Yes, Received

□ No, but intends to apply

□ No

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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The goal of the funding will to deliver a turnkey, shovel ready construction design project on the expansion of the existing, operational Impoundment. The current capacity is roughly 2300 Acre Feet (Ac Ft) of fresh water. The expansion will extent the capacity an additional 2200 AC Ft. and reduce the need to discharge storm water run-off to Tide.

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

It includes all aspects of construction design to include Civil & Structural Engineering, Surface Water Modeling, Permitting and Regulatory requirements. Deliver all Plans, Specifications and Bid Documentation ready for construction.

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

The primary service of the project will allow for additional flood control capacity. Added benefit of the increased storage will be the ability to release of fresh water back into local canals within the basin during levels of low rainfall. Residents rely on this not only for fire suppression in an emergency situation but helps recharge the aquifer as most homes are on wells for domestic water.

d. Who is the target population served by this project? How many individuals are expected to be served?

The basin includes a total of 29 square miles and is home to over 30,000 residents who are mostly middle-income working families.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

As stated previously, the primary benefit in enhanced flood control. Water levels and quality are measured regularly and reported to appropriate agencies.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Failure is not an option. Reimbursement of funds and exclusion from future appropriations.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

| Mitigation (reducing or eliminating potential loss of life or property)

| Response (addressing the immediate and short-term effects of a natural disaster)

| Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

| 15. Has the entity applied for or received federal assistance for this project?

| Yes, Applied

b. Provide the total project cost listed on the FEMA project worksheet:

a. If yes, provide the FEMA project worksheet ID#:



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16.	Has the entity applied for or received state assistance for this project (other than this request)?
	☐ Yes, Applied
	☐ Yes, Received
	□ No
	□ No, but intends to apply
i	a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department o Commerce):
Ple	ease complete questions 17 through 21 for Water Projects only.
17.	Have you been awarded or applied for alternative state funding for this project?
	□ Water Quality Improvement Grant Program
	□ Resilient Florida Grant Program
	☐ Wastewater Revolving Loan
	☐ Drinking Water Revolving Loan
	□ Small Community Wastewater Treatment Grant
	☐ Other (please specify, ex. Alternative Water Supply Grants)
	☑ N/A
18.	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
19.	What is the status of construction?
	Planning with Geo-Technical study complete.
20.	What percentage of the construction has been completed?
21	3.5% Geo-Technical study  What is the estimated completion date of construction? 12/25/2028
	That is the solution completion and of constitution:



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22.	Requester Contact	t Informati	on			
	a. First Name	Robert		Last Name	Robinson	
	b. Organization	Indian Trail Improvement District				
	c. E-mail Address	rrobinson@indiantrail.com				
	d. Phone Number	(561)793-0874 <b>Ext.</b>				
23.	Recipient Contact	Information				
	a. Organization	Indian Tra	ail Improvement	District		
	b. Municipality and	d County Palm Beach				
	c. Organization Ty	ре				
	□For Profit Entity					
	□Non Profit 501(c	:)(3)				
	□Non Profit 501(c	:)(4)				
	☑Local Entity					
	□University or Co	ollege				
	□Other (please sp	specify)				
	d. First Name	Robert		Last Name	Robinson	
	e. E-mail Address	rrobinson@indiantrail.com				
	f. Phone Number	(561)793-	0874	Ext.		
24.	24. Lobbyist Contact Information					
	a. Name	Heather L. Turnbull				
	b. Firm Name	Rubin, Turnbull & Associates				
	c. E-mail Address	heather@rubinturnbull.com				
	d. Phone Number	(305)495-3868				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.