

1. Project Title

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

Clay County Lake Geneva Restoration Project

LFIR # 2452

2. Senate Sponsor	Jennifer Bradley					
3. Date of Request	2/25/2025					
4. Project/Program D	Description					
water demand on the feasible. Goal is to	he aquifer from popu remove trees and ve	lation growth. Rei getative debris lo	sebed over the last 50 y moval of vegetative del wer than an altitude of risks posed by submer	oris from the lakebed 102.9 feet. This would	where economically drestore the	
5. State Agency to re	eceive requested fu	nds Depart	ment of Environmental	Protection		
State Agency cont	tacted? Yes					
6. Amount of the Nor	nrecurring Request	for Fiscal Year 2	2025-2026			
Type of Funding			Amo	unt		
Operating				250,000		
Fixed Capital Outla	ıy			0		
Total State Funds	Requested			250,000		
7. Total Project Cost	for Fiscal Year 202	5-2026 (includin	g matching funds ava	ilable for this projec	t)	
Type of Funding			Amount	Percentage		
Total State Funds F	Requested (from que	stion #6)	250,000	100%		
Matching Funds						
Federal			0	0%		
State (excluding the	e amount of this requ	est)	0	0%		
Local			0	0%		
Other			0	0%		
Total Project Cost	ts for Fiscal Year 20	25-2026	250,000	100%		
8. Has this project p	reviously received sometimes most recent instan	_	Yes			
Fiscal Year (уууу-уу)	Amo Recurring	unt Nonrecurring	Specific Appropriation #	Vetoed		
>5 years	0		0	No		
		. 10				
9. Is future-year fund	ding likely to be req	uested?	No	1		
a. If yes, indicate	nonrecurring amou	nt per year.				
b. Describe the so	ource of funding tha	t can be used in	lieu of state funding.			



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10. Status of Construction		
a. What is the current phase of t	he project?	
Planning Design	○ Construction ○ N/A	
b. Is the project "shovel ready" ((i.e permitted)?	
c. What is the estimated start da	ite of construction?	
d. What is the estimated comple	tion date of construction?	
e. What funding stream will be u	ised for ongoing operations and maintenance of the project?	
11. List the owners of the facility to relationship between the owners. 12. Details on how the requested st		clude the
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	Contracted services for timbering	250,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		C
	uust equal total from question #6)	250,000
		,
13. Program Performance a. What specific purpose or go	al will be achieved by the funds requested?	
Clearing lake bed for water rech	arge project	
b. What activities and services	will be provided to meet the intended purpose of these funds?	
Hiring timbering company to cle	ar lake bed.	
c. What direct services will be	provided to citizens by the appropriation project?	
A safe lake to enjoy as water lev	vels come up from recharge project.	



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The citizens and visitors of Lake Geneva.	
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome be measured?	e will
A safe lake bed.	
f. What are the suggested penalties that the contracting agency may consider in addition to its standard performance for failing to meet deliverables or performance measures provided for in the contract?	nalti
Should Clay County fail to meet deliverables or other performance measures, reimbursement of project funds cou suspended until the County comes into full compliance. Funds will be returned to the state if the proposed improve are not completed.	ld be ment
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	
☐ Yes, Received	
□ No	
□ No, but intends to apply	
a. If yes, provide the FEMA project worksheet ID#:	
b. Provide the total project cost listed on the FEMA project worksheet:	
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	
a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department Commerce):	of



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Please 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 Ir	nprovement	t Grant Progran	n			
\square	Resilient Florida	ล Grant Prooุ	gram				
	Wastewater Re	volving Loar	n				
	Drinking Water	Revolving L	.oan				
	Small Commun	ity Wastewa	ater Treatment	Grant			
	Other (please s	pecify, ex. A	Alternative Wate	er Supply Gra	ants)		
Ø	N/A						
18. Wha	at is the popula	tion econo	mic status?				
Ø	Financially Disa	ndvantaged (Community (ch	ı. 62-552, F.A	ı.C)		
	Financially Disa	J	• `		,		
	•			,	-,		
	☑ Rural Area of Economic Concern☑ Rural Area of Opportunity (s. 288.0656, Florida Statutes)						
		pporturity (5. 200.0030, 11	onda Statute	5)		
	N/A						
19. Wha	at is the status	of construc	ction?				
N/	A						
20. Wha	at percentage o	of the const	ruction has be	een complete	ed?		
no	ne						
21. Wha	at is the estima	ited comple	etion date of c	onstruction	? 08/01/20)25	
22. Rea	uester Contact	Informatio	n				
-	irst Name	Betsy		Last Name	Condon		
b. O	b. Organization Clay County Board of County Commissioners						
c. E	c. E-mail Address Betsy.Condon@claycountygov.com						
d. P	hone Number	(904)269-6	385	Ext.			
23. Rec	ipient Contact						
a. O	rganization	Clay Count	ty Board of Cou	unty Commis	sioners		
b. M	lunicipality and	l County 🔯	Clay				



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□For Profit Entity	□For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
,		1				
d. First Name	Charlie	Last Name	Latham			
e. E-mail Address	charles.latham@claycoun	tygov.com				
e. E-mail Address f. Phone Number	charles.latham@claycoun (904)529-5269	tygov.com Ext.				
	(904)529-5269	1				
f. Phone Number	(904)529-5269	1				
f. Phone Number 24. Lobbyist Contact I	(904)529-5269 nformation	1				
f. Phone Number 24. Lobbyist Contact I a. Name	(904)529-5269 nformation Mercer Fearington Jr.	Ext.				

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