



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2617

1. Project Title Mexico Beach Wastewater System Evaluation and Rehabilitation Project

2. Senate Sponsor Jay Trumbull

3. Date of Request 2/17/2025

#### 4. Project/Program Description

These funds will be used to evaluate the current condition of the City's sewer system, design of necessary rehabilitation of the system, as well as the construction for the work to be completed. The City has had ongoing sewer system issues that have resulted in a Consent Order issued by FDEP due to the multiple sewer spills that have resulted in discharge into the canal that feeds to the Gulf and St. Joe Bay. These spills pose a threat to public safety and welfare. The City has 29 lift stations that flow to a master lift station. This collection system provides service to approximately 2,273 connections within the City.

5. State Agency to receive requested funds Department of Environmental Protection

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	825,000
<b>Total State Funds Requested</b>	<b>825,000</b>

#### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	825,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	825,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,650,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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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?

☒ Planning ☐ Design ☐ Construction ☐ N/A

#### b. Is the project "shovel ready" (i.e permitted)?

No

#### c. What is the estimated start date of construction?

01/01/2026

#### d. What is the estimated completion date of construction?

12/31/2026

#### e. What funding stream will be used for ongoing operations and maintenance of the project?

The City of Mexico Beach will fund ongoing operations and maintenance. In addition, the City will be applying for an FDEP SRF Loan for the Construction Phase of the replacement, which will be a future phase of the project after rehabilitation occurs in other identified areas.

### 11. 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.

N/A

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Not available at this time.	825,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>825,000</b>

### 13. Program Performance

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

These funds will be used to evaluate the current condition of the City's sewer system, design of necessary rehabilitation of the system, as well as the construction for the work to be completed. The City has had ongoing sewer system issues that have resulted in a Consent Order issued by FDEP due to the multiple sewer spills that have resulted in discharge into the canal that feeds to the Gulf and St. Joe Bay. These spills pose a threat to public safety and welfare.



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

The City of Mexico Beach will contract with a Professional Engineer for design, permitting, and procurement services; a licensed General Contractor will be selected as part of a competitive bidding process for the rehabilitation portion of the project.

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

The citizens of Mexico Beach, FL will benefit from this project as the frequency of sanitary sewer overflows will be decreased along Canal Parkway at the master lift station, within the canal that drains to the Gulf of Mexico and St. Joe Bay, and within the City's sewer system. Sanitary sewer overflows can be a hazard to the health and welfare of residents, so a reduction of these occurrences would greatly benefit the citizens.

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

Mexico Beach's master lift station (MX-1) and 29 city lift stations service 2,273 sewer connections within the City and more than 1,100 residents in the city.

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

A reduction in the number of sewer overflows and gallons of sewage released within the City of Mexico Beach will be the outcome of this project.

**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?**

Penalties from the Florida Department of Environmental Protection could include loss of funding, fines to the City of Mexico Beach for not following the requirements of the proposed Consent order, and fines to the City if additional sewage spills occur in the future if the problem persists.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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:**



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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

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**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 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?**

**20. What percentage of the construction has been completed?**

**21. What is the estimated completion date of construction?**



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#### 22. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 24. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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