

LFIR # 1095

1.	Project Title	Florida Keys Aqu	educt Authority C	Crawl Key Reverse Osr	nosis Facility	
2.	Senate Sponsor	Ana Maria Rodrig	juez			
3.	Date of Request	11/10/2025				
4.	Project/Program Des	scription				
	facility serves a dual properties of the disruptions causes by	purpose; first, it act v disasters or dama	s as a crucial bac aged transmission	al reverse osmosis faci ckup water source durin n lines. Secondly, it add n Biscayne aquifer witho	ng emergencies, sai Iresses the pressind	feguarding against
5.	State Agency to reco	eive requested fur	nds Departi	ment of Environmental	Protection	
	State Agency contact	cted? Yes				
6. .	Amount of the Nonre	ecurring Request	for Fiscal Year 2	2026-2027		
	Type of Funding			Amo	unt	
	Operating				0	
	Fixed Capital Outlay				10,000,000	
	Total State Funds R	equested			10,000,000	
7. '	Total Project Cost fo	or Fiscal Year 2026	6-2027 (includina	n matching funds ava	ilahla for this nroid	ect)
•	•					,
- •	Type of Funding			Amount	Percentage	,
-	Type of Funding Total State Funds Re					,
-	Type of Funding Total State Funds Re Matching Funds			Amount 10,000,000	Percentage 100%	,
-	Type of Funding Total State Funds Re Matching Funds Federal	equested (from ques	stion #6)	Amount 10,000,000	Percentage 100%	,
	Type of Funding Total State Funds Re Matching Funds	equested (from ques	stion #6)	Amount 10,000,000	Percentage 100%	,
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from ques	stion #6)	Amount 10,000,000	Percentage 100% 0% 0%	,
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from ques	est)	Amount 10,000,000 0 0	Percentage 100% 0% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other	equested (from questamount of this requested for Fiscal Year 20 viously received s	est) 26-2027 state funding?	Amount 10,000,000 0 0 0 0	Percentage 100% 0% 0% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previling the miles of the mi	equested (from questamount of this requested for Fiscal Year 20 viously received s	est) 26-2027 state funding? ce:	Amount 10,000,000 0 0 0 10,000,000 Yes	Percentage 100% 0% 0% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previle yes, provide the m	equested (from questamount of this requested) for Fiscal Year 20 viously received so	est) 26-2027 state funding? ce:	Amount 10,000,000 0 0 0 10,000,000 Yes	Percentage 100% 0% 0% 0% 0% 100%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previling the miles of the mi	equested (from quested) amount of this requested for Fiscal Year 20 viously received shost recent instan	est) 26-2027 State funding? ce:	Amount	Percentage 100% 0% 0% 0% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project prediffer, provide the months of the project of	equested (from quested) amount of this requested for Fiscal Year 20 viously received seriously recent instan Amo Recurring	est) 26-2027 state funding? ce: Nonrecurring 7,500,00	Amount	Percentage 100% 0% 0% 0% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previse if yes, provide the matching funds Fiscal Year (yyyy-yy) 2025-26	for Fiscal Year 20 viously received shost recent instan Recurring 0	estion #6) estion #6) 26-2027 state funding? ce: unt Nonrecurring 7,500,00	Amount	Percentage 100% 0% 0% 0% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previling the model of the mo	for Fiscal Year 20 viously received s nost recent instan Recurring 0 ng likely to be requenced amount	estion #6) 26-2027 State funding? ce: Nonrecurring 7,500,00 uested? nt per year.	Amount	Percentage 100% 0% 0% 0% 0% 100%	



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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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?

d. What is the estimated completion date of construction?

09/30/2029

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

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Water-nenerated revenue		
Water-generated revenue.		

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.

relationship between the owners of the facility and the entity.						
Special 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		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	The funds will be used for construction of the reverse osmosis facility.	10,000,000				
Total State Funds Requested (must equal total from question #6) 10,000,000						

13. Program Performance

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

The requested funds will directly support the establishment of a reverse osmosis facility on Crawl Key, Marathon, FL. This critical infrastructure will provide a reliable and secure water source, ensuring uninterrupted service to citizens during emergencies and times of increased demand due to population growth and aquifer limitations.

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

The funding will be used to design, bid, permit, and construct a new reverse osmosis facility to provide uninterrupted access to safe and reliable drinking water during emergencies and periods of heightened demand. This facility acts as a crucial lifeline in times of need, enhancing overall community resilience.



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

Sa	The funding will enable the operation of a new reverse osmosis facility, ensuring citizens have uninterrupted access to afe and reliable drinking water during emergencies and periods of heightened demand. This facility acts as a crucial eline in times of need, enhancing overall community resilience.								
d.	Who is the target population served by this project? How many individuals are expected to be served?								
Residents and visitors to the Florida Keys will all benefit from this project.									
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?								
F	Provision of a reliable and secure water source to provide uninterrupted service to visitors and residents during mergencies and increased demand.								
	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties r failing to meet deliverables or performance measures provided for in the contract?								
If	f performance measures and deliverables are not met, withholding of funds is the recommended penalty.								
	this project related to mitigation, response, or recovery from a natural disaster? Yes								
	f Yes, what phase best describes the project?								
	Mitigation (reducing or eliminating potential loss of life or property)								
\square	Response (addressing the immediate and short-term effects of a natural disaster)								
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)								
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):								
Н	urricanes								
15. Ha	as the entity applied for or received federal assistance for this project?								
	Yes, Applied								
	Yes, Received								
Ø	No								
	No, but intends to apply								
a. I	f yes, provide the FEMA project worksheet ID#:								
b. F	Provide the total project cost listed on the FEMA project worksheet:								
16. Ha	as the entity applied for or received state assistance for this project (other than this request)?								
	Yes, Applied								
Ø	Yes, Received								



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	□ No	
	☐ No, but intends t	o apply
	a. If yes, specify th Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
	Appropriations req	uest through FDEP
ΡI	ease complet	e questions 17 through 21 for Water Projects only.
17.	Have you been aw	rarded or applied for alternative state funding for this project?
	□ Water Quality I	mprovement Grant Program
	☐ Resilient Florid	a Grant Program
	□ Wastewater Re	evolving Loan
	□ Drinking Water	Revolving Loan
	☐ Small Commur	nity Wastewater Treatment Grant
	☑ Other (please s	specify, ex. Alternative Water Supply Grants) FY26 Alternative Water Supply
	□ N/A	
18.	What is the popula	ation economic status?
	☐ Financially Disa	advantaged Community (ch. 62-552, F.A.C)
	☐ Financially Disa	advantaged Municipality (ch. 62-552, F.A.C)
	☐ Rural Area of E	Economic Concern
	☐ Rural Area of C	Opportunity (s. 288.0656, Florida Statutes)
	☑ N/A	
19.	What is the status	of construction?
	Ready	
20.	What percentage of	of the construction has been completed?
	5%	
21.	What is the estima	ated completion date of construction? 09/30/2029
22.	Requester Contac	t Information
	a. First Name	Gregory Last Name Veliz
	b. Organization	Florida Keys Aqueduct Authority



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(c. E-mail Address	gveliz@fkaa.com						
(d. Phone Number	(305)295	-2230	Ext.				
23. Recipient Contact Information								
á	a. Organization	Florida K	eys Aqueduct Au	uthority				
I	b. Municipality and	I County	Monroe					
C	c. Organization Ty _l	ре						
	□For Profit Entity							
	□Non Profit 501(c	3)(3)						
	□Non Profit 501(c	:)(4)						
	□Local Entity							
	□University or Co	llege						
	☑Other (please sp	ecify) Spe	ecial District					
(d. First Name Gregory Last Name Veliz							
•	e. E-mail Address	gveliz@fk	kaa.com					
1	f. Phone Number	(305)295-2230 Ext .						
24. I	24. Lobbyist Contact Information							
á	a. Name	David Browning						
ı	b. Firm Name	The Southern Group						
(c. E-mail Address	browning	@thesoutherngr	oup.com				
	d Phone Number	(850)671-4401						

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