

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

LFIR # 1110

| 1. Project Title | Belle Glade - Ba | sin D Stormwater D | Prainage Improvemen | ts Phase 1 | |
|---|--|--|---|---|--|
| 2. Senate Sponsor | Lori Berman | | | | |
| 3. Date of Request | 10/28/2025 | | | | |
| 4. Project/Program D | escription | | | | |
| critical priority in the businesses, and con project includes reg systems. The work | e City's Stormwater mmunity facilities, a rading swales and o will improve ADA ad | Master Plan. Improy nd improve water q canals, replacing cu ccessibility, safegua | ure within Basin D, a 1 vements will reduce cuality in discharges to lverts and outfalls, and public safety, and a designated as a Ru | hronic flooding, prof Lake Okeechobee d upgrading draina ensure uninterrupte | tect homes, , A BMAP area. The ge conveyance d public services in |
| 5. State Agency to re | ceive requested fu | inds Departm | ent of Environmental | Protection | |
| State Agency conta | acted? No | | | | |
| 6. Amount of the Non | recurring Request | for Fiscal Year 20 | 26-2027 | | |
| Type of Funding | | | Amo | unt | |
| Operating | | | | 0 | |
| Fixed Capital Outlay | У | | 2,605,736 | | |
| Total State Funds | Requested | | 2,605,736 | | |
| 7. Total Project Cost t | for Fiscal Vear 202 | 6-2027 (including | watabina funda aya | ilabla far thia mrair | 4\ |
| | IOI I ISCAI TEAI 202 | .0-2027 (inicidality | matching funds ava | liable for this proje | ect) |
| Type of Funding | ioi i iscai i eai 202 | .o-zozi (including | Amount | Percentage | ect) |
| Type of Funding Total State Funds R | | | | | ect) |
| Type of Funding Total State Funds R Matching Funds | | | Amount 2,605,736 | Percentage 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal | Requested (from que | estion #6) | Amount 2,605,736 | Percentage 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the | Requested (from que | estion #6) | Amount 2,605,736 0 0 | Percentage 100% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local | Requested (from que | estion #6) | Amount 2,605,736 0 0 | Percentage 100% 0% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other | Requested (from que e amount of this requ | estion #6) | Amount 2,605,736 0 0 0 0 | Percentage 100% 0% 0% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local | Requested (from que e amount of this requ | estion #6) | Amount 2,605,736 0 0 | Percentage 100% 0% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other | Requested (from que e amount of this requested Year 20 reviously received | estion #6) uest) 026-2027 state funding? | Amount 2,605,736 0 0 0 0 | Percentage 100% 0% 0% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the | Requested (from que e amount of this requested Year 20 eviously received most recent instan | estion #6) uest) 026-2027 state funding? | Amount 2,605,736 0 0 0 2,605,736 No Specific | Percentage 100% 0% 0% 0% 0% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the | Requested (from que e amount of this requested Year 20 eviously received most recent instan | estion #6) uest) 026-2027 state funding? nce: | Amount 2,605,736 0 0 0 2,605,736 No | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the | Requested (from que e amount of this requested for Fiscal Year 20 reviously received most recent instan | estion #6) uest) 026-2027 state funding? nce: | Amount 2,605,736 0 0 0 2,605,736 No Specific | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) | e amount of this requested (from quested (from quested (from quested example)) s for Fiscal Year 20 eviously received most recent instal | estion #6) D26-2027 state funding? nce: Ount Nonrecurring | Amount 2,605,736 0 0 0 2,605,736 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund | e amount of this requested (from quested (from quested (from quested example)) s for Fiscal Year 20 eviously received most recent instal Amount of this requested from Fiscal Year 20 eviously received most recent instal Amount from quested from quested from part of the from quested from part of the from quested from part of the from quested from part of this requested from part of the from quested from quested from part of the from quested | estion #6) uest) 026-2027 state funding? nce: ount Nonrecurring | Amount 2,605,736 0 0 0 2,605,736 No Specific | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) | e amount of this requested (from quested (from quested (from quested example)) s for Fiscal Year 20 eviously received most recent instal Amount of this requested from Fiscal Year 20 eviously received most recent instal Amount from quested from quested from part of the from quested from part of the from quested from part of the from quested from part of this requested from part of the from quested from quested from part of the from quested | estion #6) uest) 026-2027 state funding? nce: ount Nonrecurring | Amount 2,605,736 0 0 0 2,605,736 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate r | e amount of this requested (from quested (from quested examount of this requested from Fiscal Year 20 eviously received most recent instance of the Recurring example of the property of the p | estion #6) Destion #6) | Amount 2,605,736 0 0 0 2,605,736 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% Vetoed | ect) |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate r | e amount of this requested (from quested (from quested examount of this requested from Fiscal Year 20 eviously received most recent instance of the Recurring example of the property of the p | estion #6) Destion #6) | Amount 2,605,736 0 0 0 2,605,736 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% Vetoed | ect) |



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10. Status of Construction

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

| a. What is the cur | rent phase of t | ne project? | | | | |
|--|-----------------|--|----------------------|-----------------------------|--|--|
| Planning | O Design | | Α | | | |
| b. Is the project " | shovel ready" (| i.e permitted)? | Yes | | | |
| c. What is the est | imated start da | te of construction? | 07/1/2026 | | | |
| d. What is the estimated completion date of construction? 12/30/2028 | | | | | | |
| e. What funding s | tream will be u | sed for ongoing operations | s and maintenance of | the project? | | |
| General Revenue | | | | | | |
| | | | | | | |
| | | receive, directly or indirents or sof the facility and the en | | outlay funding. Include the | | |
| | | | | | | |

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

| Spending Category | Description | Amount | | | |
|---|---|-----------|--|--|--|
| Administrative Costs: | | | | | |
| Executive Director/Project Head Salary and Benefits | N/A | 0 | | | |
| Other Salary and Benefits | N/A | 0 | | | |
| Expense/Equipment/Travel/Supplies/ Other | N/A | 0 | | | |
| Consultants/Contracted Services/Study | N/A | 0 | | | |
| Operational Costs | | | | | |
| Salary and Benefits | N/A | 0 | | | |
| Expense/Equipment/Travel/Supplies/ Other | N/A | 0 | | | |
| Consultants/Contracted Services/Study | N/A | 0 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Contractual services for bidding, construction oversight, engineering during construction, project management, and construction | 2,605,736 | | | |
| Total State Funds Requested (must equal total from question #6) 2,605,736 | | | | | |

13. Program Performance

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

Goal is to improve quality of life, health, and safety; protection of property and the environment with completion of Basin D Phase 1 critical stormwater conveyance infrastructure that includes collection and transmission systems, canals, swales, culverts, outfalls, and related stormwater conveyance infrastructure that improves the environment and protects State water resources, Lake Okeechobee.

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



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To seek contractual services through the City's procurement policies and regulations for project management, bidding, engineering during construction, on-site construction oversight, and construction of Basin D-Phase 1 stormwater systems. The City invested \$409,300 for the design of this critical project.

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

Direct services to citizenry includes improved quality of life, health, safety with improved flood protection, safer transportation, reduced property damage and improved water quality through the modernization of the Basin D stormwater conveyance system. Improved stormwater management prevents pollutants entering ground, and surface waters.

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

Target population includes the State as the project improves water quality protecting State water resources, Lake Okeechobee, the western Glades communities, businesses and visitors, and the general population of Belle Glade, which is a historically disadvantaged municipality that is designated as a Rural Area of Opportunity.

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

Benefit is improved stormwater conveyance providing greater measure of water quality treatment & flood attenuation; protection of homes and businesses, instructional and recreational properties in a historically disadvantaged community that is designated as a Rural Area of Opportunity. These improvements will safeguard life, health and safety, preserve property values, provide safer transportation and enhance daily life. Success will be measured through inspections, water quality monitoring, and tracking of flood events.

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?

| | Co | ontractual milestones will be enforced; non-performance may result in corrective action plans, withholding of yments, and non-payment of invoices until milestones are completed |
|-----|-------|--|
| 14. | ls tl | his project related to mitigation, response, or recovery from a natural disaster? No |
| a | 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) |
| k | o. Na | ame 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? |
| | □ Y | es, Applied |
| | □ Y | es, Received |
| | | lo |
| | | lo, but intends to apply |
| a | 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 |
| 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? |
| | Ready |
| 20. | What percentage of the construction has been completed? |
| | 0 |



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| 21. What is the estimated completion date of construction? 12/30/2028 | | | | | | |
|---|---|-------------------------------|-------------------|------------------|----------|--|
| 22. Re | equester Contact | Informat | ion | | | |
| a. | First Name | Steve | | Last Name Wilson | | |
| b. | Organization | City of Be | elle Glade | | | |
| c. | E-mail Address | swilson@ | belleglade-fl.cor | n | | |
| d. | Phone Number | (561)996 | -0100 | Ext. | | |
| 23. Re | ecipient Contact | Informatio | on | | | |
| a. | Organization | City of Be | elle Glade | | | |
| b. | Municipality and | l County | Palm Beach | | | |
| C. | Organization Ty | ре | | | | |
| Į | □For Profit Entity | | | | | |
| Į | □Non Profit 501(c | ·)(3) | | | | |
| [| □Non Profit 501(c | :)(4) | | | | |
| [| ☑Local Entity | | | | | |
| Į | □University or Co | llege | | | | |
| Į | □Other (please sp | pecify) | | | | |
| d. | First Name | Lomax | | Last Name | Harrelle | |
| e. | e. E-mail Address Iharrelle@belleglade-fl.com | | | | | |
| f. | Phone Number | (561)996 | -0100 | Ext. | | |
| 24. Lo | 24. Lobbyist Contact Information | | | | | |
| a. | Name | Connie \ | /anassche | | | |
| b. | Firm Name | CAS Governmental Services LLC | | | | |
| c. | E-mail Address | ccvgovser@gmail.com | | | | |

d. Phone Number (561)512-0089

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