

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

**LFIR # 1187** 

1.	Project Title	Cocoa - Indian River I	Drive Septic to	Sewer Conversion			
2.	Senate Sponsor	Debbie Mayfield					
3.	Date of Request	10/21/2025					
4.	Project/Program De	escription					
	homes along Indian	s seeking funding to repla River Drive, aiming to pro- r network, reducing pollut vildlife refuges, and the na	otect the India	n River Lagoon. This	initiative will conne	ct these homes to the	
5.	State Agency to red	ceive requested funds	Departm	ent of Environmental	Protection		
State Agency contacted? No  6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027							
Ο.	Type of Funding	recurring Kequest for 1		Amo	unt		
	Operating			71110	0		
	Fixed Capital Outlay	<i>!</i>		2,000,000			
	Total State Funds I			2,000,000			
•	Total 1 Toject Cost 1	or Fiscal Year 2026-202	-7 (molaamg	matorning rands ava	nable for this proje	201)	
	Type of Funding			Amount	Percentage		
	Type of Funding Total State Funds R	equested (from guestion	#6)	Amount 2,000,000	Percentage 20%		
		equested (from question	#6)	Amount 2,000,000			
	Total State Funds R	equested (from question	#6)				
	Total State Funds R Matching Funds Federal	equested (from question amount of this request)	#6)	2,000,000	20%		
	Total State Funds R Matching Funds Federal		#6)	2,000,000	20% 12%		
	Total State Funds R Matching Funds Federal State (excluding the		#6)	2,000,000 1,250,000 0	20% 12% 0%		
	Total State Funds R Matching Funds Federal State (excluding the Local Other			2,000,000 1,250,000 0 6,750,000	20% 12% 0% 68%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this request)	027	2,000,000 1,250,000 0 6,750,000 0	20% 12% 0% 68% 0%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2026-20	027	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific	20% 12% 0% 68% 0%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the	amount of this request) s for Fiscal Year 2026-20 eviously received state most recent instance: Amount	027	2,000,000  1,250,000  0 6,750,000  10,000,000	20%  12% 0% 68% 0% 100%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2026-20 eviously received state most recent instance: Amount	027 funding?	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific	20%  12% 0% 68% 0% 100%		
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу)	amount of this request) s for Fiscal Year 2026-20 eviously received state most recent instance: Amount	027 funding?	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific	20%  12% 0% 68% 0% 100%		
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profif yes, provide the Fiscal Year (уууу-уу) Is future-year fundi	amount of this request)  s for Fiscal Year 2026-20 eviously received state most recent instance:  Amount Recurring No	027 funding? onrecurring	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific Appropriation #	20%  12% 0% 68% 0% 100%		
	Total State Funds R  Matching Funds  Federal  State (excluding the Local Other  Total Project Costs  Has this project profit yes, provide the fiscal Year (yyyy-yy)  Is future-year fundia. If yes, indicate n	amount of this request)  s for Fiscal Year 2026-20 eviously received state most recent instance:  Amount Recurring No ing likely to be requested onrecurring amount pe	onrecurring ed? er year.	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific Appropriation #	20%  12% 0% 68% 0% 100%		
	Total State Funds R  Matching Funds  Federal  State (excluding the Local Other  Total Project Costs  Has this project profit yes, provide the fiscal Year (yyyy-yy)  Is future-year fundia. If yes, indicate n	amount of this request)  s for Fiscal Year 2026-20 eviously received state most recent instance:  Amount Recurring No	onrecurring ed? er year.	2,000,000  1,250,000  0 6,750,000  10,000,000  No  Specific Appropriation #	20%  12% 0% 68% 0% 100%		



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10. Status of Construction							
a. What is the current phase of the pro	ject?						
Planning • Design	Construction	O N/A					
b. Is the project "shovel ready" (i.e per	b. Is the project "shovel ready" (i.e permitted)?						
c. What is the estimated start date of c	onstruction?	01/01/2027					
d. What is the estimated completion da	12/31/2028						
e. What funding stream will be used fo	What funding stream will be used for ongoing operations and maintenance of the project?						
Utility funds							
11. List the owners of the facility to receive	ive, directly or	indirectly	y, any fixed capit	al outlay funding. Include the			
City of Cocoa	relationship between the owners of the facility and the entity.						
City of Cocoa							

#### 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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funding will cover construction costs to extend the sewer line and to connect the 88 homes to the new line. It helps ensure the full project cost is covered for homeowners in the project area and ensures we do our part to help improve the water quality of the Indian River Lagoon.	2,000,000
Total State Funds Requested (m	nust equal total from question #6)	2,000,000

#### 13. Program Performance

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

The City of Cocoa is seeking funding to replace septic systems with a modern gravity sewer system for 88 single-family homes along Indian River Drive, aiming to protect the Indian River Lagoon. This initiative will connect these homes to the City's existing sewer network, reducing pollution and improving water quality in the lagoon, which supports five state parks, four federal wildlife refuges, and the national seashore. Aging septic systems contribute to nutrient pollution for the lagoon.

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



14.

15.

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the homes in the project area to the new sewer pipe to remove the reliance to the aging septic tanks. This will be a direct benefit to those residents within the service area but also to the entire region when the nutrient load to the lagoor is reduced.
c. What direct services will be provided to citizens by the appropriation project?
Removal of reliance on aging septic tanks that leech harmful nutrients to the Indian River Lagoon.
d. Who is the target population served by this project? How many individuals are expected to be served?
The general public to include residents and business owners along the roadway and tourists to the area. This project will directly impact hundreds of thousands of individuals that will utilize the Indian River Lagoon.
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
Improve environmental quality by reducing nutrient loads to the lagoon and preventing harmful algal blooms which can be measured through water quality testing. This will also increase economic activity, tourism and create specific immediate job opportunities.
f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalt
for failing to meet deliverables or performance measures provided for in the contract?
Ineligibility for future funding or participation in similar state-funded projects for a defined period.
Is this project related to mitigation, response, or recovery from a natural disaster? No
. 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)
. Name of the natural disaster (or Executive Order # for events not under a federal declaration):
Has the entity applied for or received federal assistance for this project?
□ Yes, Applied
□ Yes, Received
□ No
□ No, but intends to apply
. If yes, provide the FEMA project worksheet ID#:
. 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)?



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☐ 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):
Please complete questions 17 through 21 for Water Projects only.
7. 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) SOIRL Funds, 319(h) Grant through EPA for homeowners costs
□ N/A
8. 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
9. What is the status of construction?
Not started
0. What percentage of the construction has been completed?
0
1. What is the estimated completion date of construction? 12/31/2030



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	a. First Name	Stockton		Last Name	Whitten	
	b. Organization	City of Cocoa				
	c. E-mail Address	swhitten@cocoafl.gov				
	d. Phone Number	(321)433-8660 Ext.				
23.	23. Recipient Contact Information					
	a. Organization	City of Co	ocoa			
	b. Municipality and	d County	Brevard			
	c. Organization Type					
	□For Profit Entity	ty				
	□Non Profit 501(d	(c)(3)				
	□Non Profit 501(c	(c)(4)				
	☑Local Entity					
	□University or Co	llege				
	□Other (please sp	se specify)				
	d. First Name	Samanth	a	Last Name	Senger	
	e. E-mail Address					
	f. Phone Number	(321)433	-8685	Ext.		
24.	24. Lobbyist Contact Information					
	a. Name	Steve Crisafulli				
	b. Firm Name	SBM Partners, Inc.				
	c. E-mail Address	steve@stevecrisafulli.com				
	d Phone Number	(321)223-8862				

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