

LFIR # 1273

1. Project Title	Altamonte Sprin Facility — A Reg		Expanding the Reuse	Augmentation	
	r acility — A Neg	gioriai Solution			
2. Senate Sponsor	Jason Brodeur				
3. Date of Request	11/17/2025				
4. Project/Program De	escription				
withdrawals from the ecosystems. The proinfrastructure and do	e Floridan Aquifer a oposed upgrade wil ouble its treatment o	nd protecting the \ Il rehabilitate the R capacity from 3.0 t	rms storm water into re Wekiva Basin, one of Fl AF's (a key componen o 6.0 MGD. The propos aality standards and pro	lorida's most sensit t of the A-FIRST pr sed improvements	rive and valuable oject) critical aging will ensure treatment
5. State Agency to rec	ceive requested fu	ınds Departr	nent of Environmental I	Protection	
	•	Боран	nont of Environmental	10.000.011	
State Agency conta	icted? No				
6. Amount of the Nonr	ecurring Request	for Fiscal Year 2	026-2027		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay	,			3,200,000	
Total State Funds F	Requested			3,200,000	
7. Total Project Cost fo	•	26-2027 (including	matching funds avai	lable for this proj	•
7. Total Project Cost fo	or Fiscal Year 202		Amount	lable for this proj	•
7. Total Project Cost for Type of Funding Total State Funds Re	or Fiscal Year 202			lable for this proj	•
Type of Funding Total State Funds Re	or Fiscal Year 202		Amount 3,200,000	lable for this projection Percentage 40%	•
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal	or Fiscal Year 202 equested (from que	estion #6)	Amount 3,200,000	Percentage 40%	•
7. Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	or Fiscal Year 202 equested (from que	estion #6)	Amount 3,200,000	Percentage 40% 0%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	or Fiscal Year 202 equested (from que	estion #6)	Amount 3,200,000 0 4,800,000	Percentage 40% 0% 0% 60%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from que	estion #6)	Amount 3,200,000 0 4,800,000 0	Percentage 40% 0% 0% 60%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que	estion #6)	Amount 3,200,000 0 4,800,000	Percentage 40% 0% 0% 60%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from que amount of this requested Year 20	estion #6) uest) 026-2027 state funding?	Amount 3,200,000 0 4,800,000 0	Percentage 40% 0% 0% 60%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r	equested (from que amount of this requested Year 20 s for Fiscal Year 20 eviously received most recent instar	estion #6) uest) 026-2027 state funding? nce:	Amount 3,200,000 0 4,800,000 0 8,000,000 No Specific	Percentage 40% 0% 0% 60%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs B. Has this project pre If yes, provide the r	equested (from que amount of this requested (from que amount of this requested for Fiscal Year 20 eviously received most recent instar	estion #6) uest) 026-2027 state funding? nce:	Amount 3,200,000 0 4,800,000 0 8,000,000	Percentage 40% 0% 0% 60% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs B. Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 9. Is future-year funding	equested (from que amount of this requested) for Fiscal Year 20 eviously received most recent instar Amo Recurring	estion #6) Destion #6) Destion #6) Destion #6) Destion #6) Destion #6) Destion #6)	Amount 3,200,000 0 4,800,000 0 8,000,000 No Specific	Percentage 40% 0% 0% 60% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (уууу-уу) 9. Is future-year funding a. If yes, indicate no	equested (from que amount of this requested) amount of this requested for Fiscal Year 20 eviously received most recent instar Amount of this requested amount of this requested to for Fiscal Year 20 eviously received most recent instar Amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar amount of this requested to for Fiscal Year 20 eviously received most recent instar	estion #6) Destion #6)	Amount 3,200,000 0 4,800,000 0 8,000,000 No Specific Appropriation #	Percentage 40% 0% 0% 60% 100%	ect)



10. Status of Construction

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

LFIR # 1273

Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
b. Is the project "shovel ready" (i.e permitted)?	Yes
c. What is the estimated start date of construction?	10/1/2026
d. What is the estimated completion date of construction?	10/01/2027
e. What funding stream will be used for ongoing operations a	nd maintenance of the project?
Enterprise Fund - Water and Sewer operating fund	
 List the owners of the facility to receive, directly or indirectl relationship between the owners of the facility and the entity 	
City of Altamonte Springs - Owner	

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	Construction	3,200,000
Total State Funds Requested (m	nust equal total from question #6)	3,200,000

13. Program Performance

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

The project will double treatment capacity from 3.0 to 6.0 MGD of stormwater for use as a supplement for reclaimed water for irrigation uses. This innovative system transforms stormwater into reclaimed water, reducing withdrawals from the Floridan Aquifer and protecting the Wekiva River and Basin, one of Florida's most sensitive and valuable ecosystems. By doubling the treatment capacity the project will help reduce Floridan Aquifer withdrawals by providing reclaimed water for irrigation. Improves groundwater and surface water quality, protect the Wekiva River & Basin while advancing State's goal with the Wekiva BMAP & CFWI compliance



LFIR # 1273

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

- -Rehab existing treatment and construction of new treatment units to expand treatment capacity from 3.0 MGD to 6.0 MGD
- -Installation of mechanical, electrical, and instrumentation systems for the new treatment units
- -Site work and civil improvements, associated with the modifications
- -Integration with existing systems including rehab of the intake at the stormwater pump station
- -Startup, testing, and commissioning services

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

Expands regional reclaimed capacity/supply to supporting partner cities. The treatment capacity of the RAF will increase from 3.0 MGD to 6.0 MGD, allowing additional stormwater to be treated at the RAF and used as reclaimed water supplement. Use of treated stormwater as reclaimed water supplement will reduce the need for high quality groundwater from the Floridan aquifer for non potable irrigation uses.

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

The project primarily benefits neighboring communities within the regional reclaimed water partnership area. The approximate populations of these interested communities are as follows: City of Ocoee – 51,000; City of Winter Garden – 48,000; City of Winter Park – 30,000; City of Mount Dora - 18,000 and Seminole County – over 200,000 residents. It should be noted that reclaimed water from this project will be delivered in bulk quantities to participating utilities, and the actual population served in each community may vary over time depending on future interlocal agreements and system integration at the time.

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

The projects is expected to benefit in the following ways:

- Reducé Floridan Aquifer withdrawals by providing reclaimed water for irrigation
- Improve groundwater and surface water quality
- Protect the Wekiva River & Basin
- Advance Wekiva BMAP & CFWI compliance
- 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?

10	realing to meet deliverables or performance measures provided for in the contract?
	Liquidated damages and standard penalties listed in the standard agreement between City, Consultants and contractors
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received



LFIR # 1273

□ No	
☐ No, but intends to app	у
a. If yes, provide the FE	/IA project worksheet ID#:
b. Provide the total proje	ect cost listed on the FEMA project worksheet:
. Has the entity applied f	or or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to app	у
a. If yes, specify the prog	gram and state agency (ex. Local Government Emergency Bridge Loan, Department of
Commerce):	
. Have you been awarded	estions 17 through 21 for Water Projects only. I or applied for alternative state funding for this project?
☐ Water Quality Improv	
☐ Resilient Florida Grai	•
☐ Wastewater Revolvin	
☐ Drinking Water Revo	
•	astewater Treatment Grant
☐ Other (please specify	y ex Alternative Water Supply Grants)
☑ N/A	, ex. Alternative water Supply Grants)
What is the population of	, ex. Alternative water Supply Grants)
☐ Financially Disadvant	
•	economic status?
•	economic status? taged Community (ch. 62-552, F.A.C) taged Municipality (ch. 62-552, F.A.C)



LFIR # 1273

☑ N/A

. What is the status	of construction?			
Not started				
). What percentage o	of the construction has be	een complete	ed?	
0				
What is the estima	ted completion date of co	netruction?	10/01/2027	
. What is the estima	ica compiction date of co)	10/01/2027	
2. Requester Contact	Information	7		
a. First Name	Bruce	Last Name	Doig	
b. Organization	City of Altamonte Springs			
c. E-mail Address	BDoig@altamonte.org			
d. Phone Number	(407)571-8538	Ext.		
B. Recipient Contact				
a. Organization	City of Altamonte Springs			
b. Municipality and	d County Seminole			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(c	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	llege			
•	_			
□Other (please sp	ресіту)			
d. First Name	Tara	Last Name	Culver	
e. E-mail Address	TCulver@altamonte.org			
f. Phone Number	(407)571-8094	Ext.		
. Lobbyist Contact I	nformation			
a. Name	Louis C. Rotundo Mr			
b. Firm Name	Louis C. Rotundo			
c. E-mail Address	Lcr5002@aol.com			
d. Phone Number	(407)699-9361			



LFIR # 1273

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