

LFIR # 1331

1. Project Title	Belleview - Reh	abilitations of Cri	itical Lift Stations				
•							
2. Senate Sponsor	Stan McClain						
3. Date of Request	11/20/2025						
4. Project/Program De	escription						
number of customers number of industrial The increased sewa- demand and replace	s both residential a and commercial buge flows around the the run-down com	and commercial huildings, and resi e City have resu nponents of the s	ne City's sewer system. The control of the control	(19,24 & 31) helps to along subdivision cin litate the lift stations t ft stations are not	o pump sewage for a nmunitets and SR 35. to keep up with the		
5. State Agency to rec	ceive requested fu	unds Depa	rtment of Environmenta	l Protection			
State Agency conta	cted? No						
6. Amount of the Nonr	ecurring Reques	t for Fiscal Year	· 2026-2027				
Type of Funding			Am	ount]		
Operating				0			
Fixed Capital Outlay							
Total State Funds F	Requested			412,500			
7. Total Project Cost fo	or Eisaal Vaar 201	00 0007 (in al			0		
Total i Toject Gost II	OI FISCAI I EAI 202	26-2027 (Includi	ng matching funds av	allable for this proj	ect)		
Type of Funding	oi Fiscai Teai 202	26-2027 (Includi	ng matching funds av Amount	Percentage	ect)]		
_				Percentage			
Type of Funding			Amount	Percentage			
Type of Funding Total State Funds Re			Amount	Percentage 75%			
Type of Funding Total State Funds Ro	equested (from que	estion #6)	Amount 412,500	Percentage 75% 0% 0%			
Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local	equested (from que	estion #6)	Amount 412,500	Percentage 75% 0% 0% 25%			
Type of Funding Total State Funds Romatching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 412,500	Percentage 75% 0% 0% 25%			
Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local	equested (from que amount of this req	estion #6)	Amount 412,500 ((137,500	Percentage 75% 0% 0% 25% 0%			
Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other	equested (from que amount of this req s for Fiscal Year 2	estion #6) uest) 026-2027 state funding?	Amount 412,500	Percentage 75% 0% 0% 25% 0%			
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 I	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent insta	estion #6) uest) 026-2027 state funding?	Amount 412,500 (0) 137,500 (0) 550,000 No Specific	Percentage 75% 0% 0% 25% 0%			
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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 I	equested (from quested (from quested (from quested (from quested (from quested from from quested from Fiscal Year 2 (from quested from from from quested from from from quested (from quested from from from quested (from quested from from from from quested (from quested (from quested from quested from quested (from quested (from quested from quested from quested from quested (from quested from from quested from from quested from from quested fro	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurrin	Amount 412,500 (0) 137,500 (0) 550,000 No Specific Appropriation #	Percentage 75% 0% 0% 25% 0% 100%			
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 I Fiscal Year (уууу-уу) 9. Is future-year fundi	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent insta Am Recurring	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurrin quested?	Amount 412,500 (0) 137,500 (0) 550,000 No Specific	Percentage 75% 0% 0% 25% 0% 100%			
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 I	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent insta Am Recurring	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurrin quested?	Amount 412,500 (0) 137,500 (0) 550,000 No Specific Appropriation #	Percentage 75% 0% 0% 25% 0% 100%			
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 re (yyyy-yy) 9. Is future-year funding a. If yes, indicate ne	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent insta Am Recurring amount of this requested for Fiscal Year 2 eviously received most recent insta for Fiscal Year 2 eviously received most recent insta for Fiscal Year 2 eviously received most recent insta for Fiscal Year 2 eviously received most recent insta for Fiscal Year 2 eviously received most recent insta for Fiscal Year 2 eviously received most received mo	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurrin quested? unt per year.	Amount 412,500 (0) 137,500 (0) 550,000 No Specific Appropriation #	Percentage 75% 0% 0% 25% 0% 100%			



10. Status of Construction

a. What is the current phase of the project?

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0

Complete questions 10 and 11 for Fixed Capital Outlay Projects

	Planning	O Design) N/A			
b	o. Is the project "	shovel ready" (i.e permitted)?		No		
С	. What is the est	timated start da	te of construction?		07/30/2026		
d	I. What is the est	timated comple	tion date of construction	on?	03/01/2027		
е	. What funding	stream will be u	sed for ongoing operat	tions ar	nd maintenance of t	he project?	
	Ongoing operation		ance will be provided by	the Clty	through regular bud	lgetary means suc	n as water
11.			o receive, directly or increase of the facility and the			outlay funding. In	clude the
	The City of Belle	eview is the owne	er and will receive the fu	nding.			
12. I	Details on how t	he requested st	ate funds will be exper	nded			
	Spending Categ	jory		De	escription		Amount
	Administrative (Costs:					
	Executive Director/		N/A				(

N/A Expense/Equipment/Travel/Supplies/ N/A Other Consultants/Contracted N/A Services/Study Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Contractor will be selected to complete the rehabilitation of the lift 412,500 Planning Engineering stations Total State Funds Requested (must equal total from question #6) 412,500

13. Program Performance

Other Salary and Benefits

Consultants/Contracted

Operational Costs Salary and Benefits

Services/Study

Other

Expense/Equipment/Travel/Supplies/

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

N/A

N/A

N/A

Pump Station (19, 24 & 31) will continue to function as they should and extend the life of those stations as well as all pump stations and sewer lines along the way to the City's Wastewater Treatment Plant.

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



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A contractor will be hired to complete a rehabilitation of the three sewer pump station.
c. What direct services will be provided to citizens by the appropriation project?
Customers will continue to be provided with sewer services with less risk of sewer backups and potential sewer spillage. Increase reliability.
d. Who is the target population served by this project? How many individuals are expected to be served?
All customers who have city utilities and citizens of the city. This will serve approximately 8,000 people.
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome v be measured?
The outcome of this project will extend the life of the pump stations and other lines in the city. The outcome is measured by the completion of the project.
f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalting to meet deliverables or performance measures provided for in the contract?
Revocation of Funds
14. Is this project related to mitigation, response, or recovery from a natural disaster? No
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)
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:
16. Has the entity applied for or received state assistance for this project (other than this request)?
☐ Yes, Applied
□ Ves 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
Ρl	ease complet	e questions 17 through 21 for Water Projects only.
17.	Have you been aw	arded or applied for alternative state funding for this project?
	□ Water Quality I	mprovement Grant Program
	☐ Resilient Florid	a Grant Program
	☐ Wastewater Re	volving Loan
	□ Drinking Water	Revolving Loan
	☐ Small Commur	ity Wastewater Treatment Grant
	☐ Other (please s	pecify, ex. Alternative Water Supply Grants)
	☑ 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	conomic Concern
	☐ Rural Area of C	Opportunity (s. 288.0656, Florida Statutes)
	□ N/A	
19.	What is the status	of construction?
	Not started	
20.		of the construction has been completed?
	0%	
21.	What is the estima	ted completion date of construction? 03/01/2027
22.	Requester Contac	t Information
	a. First Name	Christine Last Name Dobkowski
	b. Organization	City of Belleview



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c. E-mail A	ddress	cdobkowski@belleviewfl.org					
d. Phone N	umber	(352)245	-7021	Ext.			
23. Recipient Contact Information							
a. Organiza	ition	City of Be	elleview			_	
b. Municipa	ality and	d County	Marion				
c. Organiza	c. Organization Type						
□For Prof	□For Profit Entity						
□Non Pro	□Non Profit 501(c)(3)						
□Non Pro	□Non Profit 501(c)(4)						
☑Local Er	ntity						
□Universi	ty or Co	llege					
□Other (p	□Other (please specify)						
d. First Nar	ne	Bob		Last Name	Titterington		
e. E-mail A	ddress	btitterington@belleviewfl.org					
f. Phone Nu	umber	(352)233	-2110	Ext.			
24. Lobbyist Contact Information							
a. Name		Patrick E	. Bell				
b. Firm Nar	ne	Capitol Solutions LLC					
c. E-mail A	ddress	pbell@capitolsolutions.biz					
d. Phone N	umber	(850)544	-0784				

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