

LFIR # 1333

1. Project Title	Belleview Const	ruction of Hydropn	eumatic Tank at Crucia	al City Well				
2. Senate Sponsor	Stan McClain							
2 Date of Dogwood	44/20/2025							
3. Date of Request	11/20/2025							
4. Project/Program D	Description							
basis. Hydropneum the well pumps and	natic tanks àré desigi d booster pumps, wh	ned to maintain the ich are extremely o	Belleview's utility custon on-demand water precostly to maintain and st quality of water the	essure without causi repair. Additionally,	ng constant wear to			
5. State Agency to re	eceive requested fu	ınds Departm	nent of Environmental	Protection				
State Agency cont	-							
State Agency Com	lacted: NO							
6. Amount of the Nor	nrecurring Request	for Fiscal Year 20	026-2027					
Type of Funding			Amo	unt				
Operating				0				
Fixed Capital Outla	ıy			97,500				
Total State Funds	Requested		97,500					
7. Total Project Cost	for Fiscal Year 202	6-2027 (including	matching funds avai	ilable for this proje	ect)			
Type of Funding			Amount	Percentage				
Total State Funds I	Requested (from que	estion #6)	Amount 97,500	Percentage 75%				
Total State Funds F Matching Funds	Requested (from que	estion #6)	97,500	75%				
Total State Funds I Matching Funds Federal			97,500	75% 0%				
Total State Funds F Matching Funds Federal State (excluding the	Requested (from que		97,500	75% 0% 0%				
Total State Funds Finds Federal State (excluding the Local			97,500 0 0 32,500	75% 0% 0% 25%				
Total State Funds Finds Funds Federal State (excluding the Local Other	e amount of this requ	uest)	97,500 0 0 32,500 0	75% 0% 0% 25% 0%				
Total State Funds Finds Funds Federal State (excluding the Local Other		uest)	97,500 0 0 32,500	75% 0% 0% 25%				
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project p	e amount of this requ ts for Fiscal Year 20	uest) 026-2027 state funding?	97,500 0 0 32,500 0	75% 0% 0% 25% 0%				
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure of the project provide the Fiscal Year	e amount of this requests for Fiscal Year 20 reviously received a most recent instar	uest) 026-2027 state funding? nce:	97,500 0 0 32,500 0 130,000 No Specific	75% 0% 0% 25% 0%				
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pull yes, provide the	e amount of this requests for Fiscal Year 20 reviously received a most recent instar	uest) 026-2027 state funding? nce:	97,500 0 0 32,500 0 130,000	75% 0% 0% 25% 0% 100%				
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure of the project provide the Fiscal Year	e amount of this requests for Fiscal Year 20 reviously received a most recent instar	uest) 026-2027 state funding? nce:	97,500 0 0 32,500 0 130,000 No Specific	75% 0% 0% 25% 0% 100%				
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure of the project provide the Fiscal Year	e amount of this requests for Fiscal Year 20 reviously received a most recent instar Amo	state funding? nce: Nonrecurring	97,500 0 0 32,500 0 130,000 No Specific	75% 0% 0% 25% 0% 100%				
Total State Funds in Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure if yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fund	e amount of this requests for Fiscal Year 20 reviously received a most recent instar Amo	state funding? nce: Dunt Nonrecurring	97,500 0 0 32,500 0 130,000 No Specific Appropriation #	75% 0% 0% 25% 0% 100%				
Total State Funds in Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure if yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funda. If yes, indicate in Matching Funds in Matching in Matchi	ts for Fiscal Year 20 reviously received a most recent instar Recurring ding likely to be requested a monrecurring amou	state funding? nce: Dunt Nonrecurring quested? int per year.	97,500 0 0 32,500 0 130,000 No Specific Appropriation #	75% 0% 0% 25% 0% 100%				
Total State Funds in Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pure if yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funda. If yes, indicate in Matching Funds in Matching in Matchi	ts for Fiscal Year 20 reviously received a most recent instar Recurring ding likely to be requested a monrecurring amou	state funding? nce: Dunt Nonrecurring quested? int per year.	97,500 0 0 32,500 0 130,000 No Specific Appropriation #	75% 0% 0% 25% 0% 100%				



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a. What is the current phase of the project?

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Planning	Design	Construction	○ N/A
b. Is the project	"shovel ready"	(i.e permitted)?	No
c. What is the es	07/01/2026		
d. What is the es	stimated comple	etion date of construct	tion? 06/30/2027
e What funding	stream will be u	ised for angoing oper:	ations and maintenance of the pro-

unding stream will be used for ongoing operations and maintenance of the project?

Ongoing operations and maintenance will be provided by the city through regular budgetary means such as water usage rates paid by citizens.

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.

The City of Belleview is the owner and will receive the funding.

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	or Renovation:	·
Construction/Renovation/Land/ Planning Engineering	Construction of a hydropneumatic tank at Well #5	97,500
Total State Funds Requested (m	nust equal total from question #6)	97,500

13. Program Performance

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

Due to growth in the City of Belleview, new commercial and residential developments are in various stages of planning and building. The construction of this hydropneumatic tank will allow the City's utility to provide services. This project directly affects the water infrastructure in the city. Constructing this hydro tank will provide capacity, better pressure, water quality and more availability to residential and commercial development.

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

The construction of the hydropneumatic tank will eliminate pump lag time on the well and maintain water pressure throughout the entire city's water infrastructure.



☐ Yes, Received

□ No

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c. What direct services will be provided to citizens by the appropriation project? The citizens will receive a more efficient water system. The addition of the Hydropneumatic tank will increase reliability of the water plant and maintain safe water quality for citizens. d. Who is the target population served by this project? How many individuals are expected to be served? The City of Belleview serves approximately 8,000 people in the area with water services. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Provide a new hydro tank to the well and serve citizens with water during critical times without resulting in funds being expended for expensive repairs on the infrastructure. This will be measured by the completion of the project. 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? 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



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	☐ No, but intends t	o apply			
	a. If yes, specify th Commerce):	e program and sta	te agency (ex. Loca	al Government Emergen	cy Bridge Loan, Department of
PI	ease complet	e questions 1	7 through 21	for Water Project	s only.
17.	Have you been aw	arded or applied fo	or alternative state	funding for this project?	,
	□ Water Quality I	mprovement Grant F	Program		
	☐ Resilient Florid	a Grant Program			
	☐ Wastewater Re	volving Loan			
	□ Drinking Water	Revolving Loan			
	☐ Small Commun	ity Wastewater Trea	atment Grant		
	☐ Other (please s	specify, ex. Alternativ	ve Water Supply Gra	ants)	
	☑ N/A				
18.	What is the popula	ation economic sta	tus?		
	☐ Financially Disa	advantaged Commu	nity (ch. 62-552, F.A	ı.C)	
	☑ Financially Disa	advantaged Municip	ality (ch. 62-552, F. <i>F</i>	A.C)	
	☐ Rural Area of E	conomic Concern			
	☐ Rural Area of C	Opportunity (s. 288.0	656, Florida Statute	s)	
	□ N/A				
19.	What is the status	of construction?			
	Planning				
20.	What percentage of	of the construction	has been complete	ed?	
	0%				
21.	What is the estima	ted completion da	te of construction?	06/30/2027	
22.	Requester Contac	t Information			
	a. First Name	Christine	Last Name	Dobkowski	
	b. Organization	City of Belleview			
	c. E-mail Address	cdobkowski@belle	viewfl.org		



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d. Phone Number	(352)245-7021	Ext.								
23. Recipient Contact	Information									
a. Organization	City of Belleview									
b. Municipality and										
c. Organization Type										
□For Profit Entity	tity									
□Non Profit 501(c	2)(3)									
□Non Profit 501(c	ofit 501(c)(4)									
☑Local Entity										
□University or Co	llege									
□Other (please sp	pecify)									
d. First Name	Bob	Last Name	Titterington							
e. E-mail Address	btitterington@belleviewfl.c	org								
f. Phone Number	(352)233-2110	Ext.								
24. Lobbyist Contact I	24. Lobbyist Contact Information									
a. Name	Patrick E. Bell									
b. Firm Name	Capitol Solutions LLC									
c. E-mail Address	pbell@capitolsolutions.biz									
d. Phone Number	(850)544-0784									

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