

LFIR # 1363

1. Project Title	Rockledge WWT	P Nutrient Uptake	e (AWT Phase II)			
2. Senate Sponsor	Debbie Mayfield					
3. Date of Request	11/19/2025					
4. Project/Program De	escription					
,	grade the treatment	plant to advanced	waste treatment stand	dards (5.0 mg/L TSS	5, 5.0 mg/L CBOD,	
	S. State Agency to receive requested funds  Department of Environmental Protection					
State Agency conta	•	паз Берані	nen or Environmental	Totection		
6. Amount of the Nonr	recurring Request	for Fiscal Year 2	026-2027			
Type of Funding			Amo	unt		
Operating				0		
Fixed Capital Outlay	1			1,600,000		
<b>Total State Funds F</b>	Requested			1,600,000		
7. Total Project Cost f	or Fiscal Year 202	6-2027 (including	g matching funds ava	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)			1,600,000	5%		
Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)			0	0%		
Local			28,400,000	95% 0%		
	Other					
<b>Total Project Costs</b>	s for Fiscal Year 20	26-2027	30,000,000	100%		
8. Has this project pre If yes, provide the	•	•	No			
Fiscal Year	Amo		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundi	ing likely to be req	uested?	Yes			
a. If yes, indicate nonrecurring amount per year. 1,600,000						
b. Describe the sou	urce of funding tha	it can be used in	lieu of state funding.			
Brevard County SC	DIRL					

#### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction



**LFIR # 1363** 

a. What is the current phase of the	ne project?		
Planning	○ Construction ○ N/A	A	
b. Is the project "shovel ready" (i	.e permitted)?	No	
c. What is the estimated start dat	e of construction?	01/01/2027	
d. What is the estimated complet	ion date of construction?	06/30/2029	
e. What funding stream will be us	sed for ongoing operations	and maintenance of the project?	
The enterprise fund of the City of	Rockledge Wastewater will fu	und the operation and maintenance of this	project.
List the owners of the facility to relationship between the owner     City of Rockledge Wastewater Tr	s of the facility and the ent		clude the
2. Details on how the requested sta	ate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Operational Costs			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	The construction/enhancem waste treatment standards.	ent of the treatment facility to advanced	1,600,00
Total State Funds Requested (m	nust equal total from questi	ion #6)	1,600,00
. Program Performance a. What specific purpose or goa	ıl will be achieved by the fu	ands requested?	
Reducing nutrient loads on the In	ndian River Lagoon.		
b. What activities and services v	will be provided to meet the	e intended purpose of these funds?	
The construction/enhancement o water.	f the treatment plant to achie	ve reduced nitrogen and phosphorus in its	s reclaimed
c. What direct services will be p	rovided to citizens by the a	appropriation project?	
The reduction of nutrients going i community and the direct benefit and the case of storm or power or	will be a more resilient waste	(IRL) will benefit the health, safety and we water treatment facility with generator pov	elfare of the ver capabilities



**LFIR # 1363** 

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

The city's population is approximately 30,000 citizens. The upgrade of the wastewater treatment facility to AWT not only benefits the city's population, but it will also significantly reduce the nutrients in the IRL resulting in a much broader improvement of the water quality for the region.

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

To reduce the the reclaimed water total nitrogen below 3.0 mg/L and total phosphorus below 1.0 mg/L. This will be measured by continued laboratory procedures.

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?

	to	r failing to meet deliverables or performance measures provided for in the contract?
		he City will reimburse unused funds back to the state agency for failure to meet deliverables and performance easures.
14.	ls t	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. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15.	На	s 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. P	Provide the total project cost listed on the FEMA project worksheet:
16.	Ha	is 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



**LFIR # 1363** 

a. If yes, specify th Commerce):	ne program and state age	ncy (ex. Loca	al Government Emergency Bridge Lo	oan, Department o
Diagon complete	e guestiene 47 fbr	rough 24	for Water Drainate and	_
•	•		for Water Projects only.	
17. Have you been aw	varded or applied for alter	native state	runding for this project?	
☑ Water Quality I	Improvement Grant Progra	m		
□ Resilient Florid	la Grant Program			
□ Wastewater Re	evolving Loan			
□ Drinking Water	Revolving Loan			
☐ Small Commur	nity Wastewater Treatment	Grant		
Other (please some states of the plant of the pl	specify, ex. Alternative Wat	er Supply Gra	ants) Brevard County Save Our Indian	
□ N/A				
18. What is the popula	ation economic status?			
☐ Financially Disa	advantaged Community (ch	n. 62-552, F. <i>A</i>	A.C)	
☐ Financially Disa	advantaged Municipality (c	h. 62-552, F. <i>l</i>	A.C)	
☐ Rural Area of E	Economic Concern			
☐ Rural Area of C	Opportunity (s. 288.0656, F	lorida Statute	s)	
☑ N/A				
19. What is the status	of construction?			
Construction has	not started.			
20. What percentage	of the construction has b	een complet	ed?	_
0%				
21. What is the estima	ated completion date of c	onstruction?	06/30/2029	
22. Requester Contac	t Information			
a. First Name	Brenda	Last Name	Fettrow	
b. Organization	City of Rockledge			
c. E-mail Address	bfettrow@cityofrockledge	org.		
d. Phone Number	(321)221-7540	Ext.	111	



**LFIR # 1363** 

23. Recipient Contact Information							
a. Organization	City of Rockledge						
b. Municipality and	icipality and County Brevard						
c. Organization Type							
□For Profit Entity	□For Profit Entity						
□Non Profit 501(d	□Non Profit 501(c)(3)						
□Non Profit 501(d	□Non Profit 501(c)(4)						
☑Local Entity	☑Local Entity						
□University or Co	□University or College						
□Other (please specify)							
d. First Name	Brenda		Last Name	Fettrow			
e. E-mail Address	bfettrow@cityofrockledge.org						
f. Phone Number	(321)221	-7540	Ext.	111			
24. Lobbyist Contact Information							
a. Name	Ryan E. Matthews						
b. Firm Name	GrayRobinson PA						
c. E-mail Address	ryan.matthews@gray-robinson.com						
d Phone Number	(850)577-9090						

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