

LFIR # 1398

businesses, and Bi	scayne Bay. The prostants	oject will expand the	rice interruptions and sewet well, install higher continues operating	er-capacity pumps, i	upgrade electrical
	a standby generator ealth, and the enviro		m continues operating	during extreme wea	ather, protecting
5. State Agency to re	eceive requested for	unds Departm	ent of Environmental I	Protection	
State Agency con	tacted? No				
6. Amount of the No	nrecurring Reques	t for Fiscal Year 20	26-2027		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outla	ay			750,000	
Total State Funds	Requested			750,000	
7. Total Project Cost	for Fiscal Year 202	26-2027 (including	matching funds avai	lable for this proje	ect)
			Alliount		
	Requested (from au	estion #6)		_	
Total State Funds	Requested (from qu	estion #6)	750,000	50%	
	Requested (from qu	estion #6)	750,000	50%	
Total State Funds Matching Funds Federal				_	
Total State Funds Matching Funds Federal	Requested (from qu		750,000	50%	
Total State Funds Matching Funds Federal State (excluding th			750,000	50% 0% 0%	
Total State Funds Matching Funds Federal State (excluding th Local Other		uest)	750,000 0 0 750,000	50% 0% 0% 50%	
Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p	e amount of this req	uest) 026-2027 state funding?	750,000 0 0 750,000 0	50% 0% 0% 50% 0%	
Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p	e amount of this req ts for Fiscal Year 2 reviously received most recent insta	uest) 026-2027 state funding?	750,000 0 750,000 0 1,500,000	50% 0% 0% 50% 0%	



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

N/A

No

10/01/2026

09/30/2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

e. What funding stream will be used for ongoing operations and maintenance of the project?

Ongoing operations and maintena supports maintenance of all sewer	ance will be funded through the Town of Surfside's Sanitary Sewer Utili rinfrastructure within the Town.	ty Fund, which
List the owners of the facility to relationship between the owner	o receive, directly or indirectly, any fixed capital outlay funding. Indees of the facility and the entity.	clude the
•	e the funds and carry out the work within Town limits.	
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/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funds will be used to pay a licensed construction contractor for the installation of new pumps, wet well expansion, electrical system upgrades, and a standby generator at Wastewater Lift Station 1, including associated site and structural improvements.	750,00
Total State Funds Requested (n	nust equal total from question #6)	750,00

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



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The project will harden and upgrade Wastewater Lift Station 1, located near 501 93rd Street, to ensure reliable sewer service during extreme rainfall, storm surge, and sea level rise. Improvements include enlarging the wet well, installing higher-capacity pumps, upgrading the electrical control system, and adding a standby generator to maintain continuous operation under flood conditions.

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

Construction to harden Wastewater Lift Station 1 (501 93rd St): enlarge the wet well; install two higher-capacity pumps; upgrade electrical controls; add a permanent standby generator; provide temporary bypass pumping; and complete related structural/site work and surface restoration.

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

Reliable sanitary sewer service during heavy rain and tidal surge; reduced risk of sewage backups and overflows; continuous service for homes, businesses, and public facilities; improved public health and protection of Biscayne Bay.

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

The project serves all residents, businesses, and public facilities connected to the Town of Surfside's sanitary sewer system. It is expected to benefit approximately 1,300 households and more than 5,000 people by ensuring reliable wastewater service and preventing sewer backups and overflows during major rain and tidal events.

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

The project will reduce the risk of sewer system failures and overflows during heavy rainfall and coastal flooding events. It will improve wastewater reliability and protect public health and water quality in Biscayne Bay. Success will be measured through operational data, system performance monitoring, and the elimination of flood-related service interruptions.

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?

Penalties may include withholding payment or reimbursement until all construction milestones are met and the Town verifies substantial completion in accordance with approved plans and specifications.

14. I	s 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. F	las the entity applied for or received federal assistance for this project?
	☐ Yes, Applied
	☐ Yes, Received
	□ No
	☐ No, but intends to apply



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b. Provid	de 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	
☐ Yes,	Received	
□ No		
□ No, b	ut intends to apply	
a. If yes, Commer	specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department ce):	of
Please o	complete questions 17 through 21 for Water Projects only.	
17. Have yo	ou been awarded or applied for alternative state funding for this project?	
□ Wat	er Quality Improvement Grant Program	
☑ Res	ilient Florida Grant Program	
□ Was	stewater Revolving Loan	
□ Drin	king Water Revolving Loan	
□ Sma	all Community Wastewater Treatment Grant	
□ Oth	er (please specify, ex. Alternative Water Supply Grants)	
□ N/A		
18. What is	the population economic status?	
☐ Fina	ancially Disadvantaged Community (ch. 62-552, F.A.C)	
□ Fina	ancially Disadvantaged Municipality (ch. 62-552, F.A.C)	
□ Rura	al Area of Economic Concern	
□ Rura	al Area of Opportunity (s. 288.0656, Florida Statutes)	
☑ N/A		
19. What is	the status of construction?	
Expec	ted to commence in late 2026	

20. What percentage of the construction has been completed?



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0%					
1. What is the estima	ted compl	etion date of co	onstruction?	09/30/20)27
2. Requester Contac	t Informati	on			
a. First Name	Mark		Last Name	Blumstein	
b. Organization	Town of S	Town of Surfside			
c. E-mail Address	mblumstein@townofsurfsidefl.gov				
d. Phone Number	(305)861-	-4863	Ext.		
3. Recipient Contact	Informatio	on			
a. Organization	(305) 861				
b. Municipality and	d County	Miami-Dade			
c. Organization Ty	ре				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Kristina		Last Name	Brown	
e. E-mail Address	progrant@	townofsurfside	fl.gov		
f. Phone Number	(954)860-	2699	Ext.		
I. Lobbyist Contact I	nformatio	n			
a. Name	Gerard C)'Rourke			
b. Firm Name	Converge	e Government A	ffairs of Floric	la, Inc.	
c. E-mail Address	gerard@convergegov.com				
d. Phone Number	(561)346-	-9859			

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