

LFIR # 1530

1. Project Title	Monticello Storm	nwater Conveyance	e Improvement Project	t		
2. Senate Sponsor	Corey Simon					
3. Date of Request	11/20/2025					
4. Project/Program D	escription					
ditch running alongs area. The repair/rep be repaired and reo	side the street. Thes lacement of these it pened, putting an in per conveyance of si	se items are failing, tems will allow for t nportant connector tormwater that runs	passing underneath S causing collapse of the street, which has be street back into services off of U.S. Hwy 19, no into our wetlands.	ne street and erosio been closed for more ce. The rehab of this	n of surrounding e than 12 months, to s stormwater system	
5. State Agency to re-	ceive requested fu	nds Departm	ent of Environmental	Protection		
State Agency conta	acted? No	<u> </u>				
6. Amount of the Non		for Fiscal Year 20	026-2027			
Type of Funding			Amo	unt		
Operating			Amo	0		
Fixed Capital Outlay	/			1,250,000		
Total State Funds	Requested			1,250,000		
7. Total Project Cost f	or Fiscal Year 202	6-2027 (including	matching funds avail	ilable for this proje	ect)	
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Type of Funding		, ,	Amount	Percentage		
•					,	
Type of Funding			Amount	Percentage	,	
Type of Funding Total State Funds R			Amount	Percentage	,	
Type of Funding Total State Funds R Matching Funds	equested (from que	estion #6)	Amount 1,250,000	Percentage 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	estion #6)	Amount 1,250,000 0 0	Percentage 100% 0% 0% 0%		
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction	
a. What is the current phase of the project?	
	A
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	03/01/2027
d. What is the estimated completion date of construction?	12/31/2027
e. What funding stream will be used for ongoing operations	and maintenance of the project?
During project, all work will be funded through this request. Post completion, all operations and maintenance will be funded	l locally through municipal budget.
11. List the owners of the facility to receive, directly or indirec relationship between the owners of the facility and the entire	

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/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Engineering, materials, construction services, right-of-way acquisition.	1,250,000			
Total State Funds Requested (must equal total from question #6) 1,250,00					

13. Program Performance

City of Monticello

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

Re-opening of important connector street. Street serves as detour route during emergencies and state highway closures but has been closed for more than 12 months because of degraded box culvert running underneath and other infrastructure deficiencies.

Proper conveyance of stormwater without the continuing erosion of the area, and decreased transfer and deposition of sediment into wetlands.



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PI	anning, design, construction, and supervision of project by City of Monticello and qualified contracted personnel.
Со	mpleted project will provide Safe Pedestrian and Vehicular Access, and Proper Stormwater Conveyance.
c. \	What direct services will be provided to citizens by the appropriation project?
Sa	fe access for pedestrians and vehicles.
Pro	per conveyance of stormwater.
Flo	od resilience.
d. \	Who is the target population served by this project? How many individuals are expected to be served?
	ty of Monticello eater than 2,700 people
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?
Re Re	oidance of total collapse of important connector street: Safe, structurally sound street once completed. opening of important connector street closed for more than 12 months: Safe, structurally sound street. habilitated stormwater infrastructure: Conveyance of stormwater without erosion of soil, bypass of drainage path, or reased deposition of soil in wetlands.
f W	
for	/hat are the suggested penalties that the contracting agency may consider in addition to its standard penaltic failing to meet deliverables or performance measures provided for in the contract?
for Re	failing to meet deliverables or performance measures provided for in the contract? epayment of funds awarded, proportionate to project completion.
for Re Is t	failing to meet deliverables or performance measures provided for in the contract? epayment of funds awarded, proportionate to project completion. nis project related to mitigation, response, or recovery from a natural disaster? Yes
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for Relation Is to	failing to meet deliverables or performance measures provided for in the contract? Expayment of funds awarded, proportionate to project completion. Inis project related to mitigation, response, or recovery from a natural disaster? Yes 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) The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration): The natural disaster (or Executive Order # for events not under a federal declaration):
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b. Provi	ide the total project cost listed on the FEMA project worksheet:
16. Has the	e entity applied for or received state assistance for this project (other than this request)?
☐ Yes,	Applied
☐ Yes,	Received
☑ No	
□ No, I	but intends to apply
a. If yes Comme	s, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department erce):
Please (complete questions 17 through 21 for Water Projects only.
7. Have y	ou been awarded or applied for alternative state funding for this project?
□ Wa	ater Quality Improvement Grant Program
□ Res	silient Florida Grant Program
□ Wa	astewater Revolving Loan
□ Driı	nking Water Revolving Loan
□ Sm	nall Community Wastewater Treatment Grant
☐ Oth	ner (please specify, ex. Alternative Water Supply Grants)
☑ N/A	4
8. What is	s the population economic status?
□ Fin	ancially Disadvantaged Community (ch. 62-552, F.A.C)
□ Fin	ancially Disadvantaged Municipality (ch. 62-552, F.A.C)
☑ Rui	ral Area of Economic Concern
□ P	ral Area of Opportunity (s. 288.0656, Florida Statutes)
L IXui	
□ N/A	\mathcal{A}
□ N/A	s the status of construction?



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	0%					
21.	What is the estima	ted comp	letion date of co	onstruction?	12/31/2027	
22.	Requester Contact	Informat	ion			
	a. First Name	Kurt		Last Name	Mackiewicz	
	b. Organization	City of Mo	onticello			
	c. E-mail Address	citymana	citymanager@mymonticello.net			
	d. Phone Number	(850)342	-8005	Ext.		
23.	23. Recipient Contact Information					
	a. Organization	City of Mo	onticello			
	b. Municipality and	d County	Jefferson			
	c. Organization Type					
	□For Profit Entity					
	□Non Profit 501(c	:)(3)				
	□Non Profit 501(c)(4)					
	☑Local Entity					
	□University or Co	llege				
	□Other (please specify)					
	d. First Name	Kurt		Last Name	Mackiewicz	
	e. E-mail Address citymanager@mymonticello.net					
	f. Phone Number	(850)342	-8005	Ext.		
24.	Lobbyist Contact I	nformatio	n			
	a. Name	None	None			
	b. Firm Name	me				
	c. E-mail Address					
	d. Phone Number					

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