

LFIR # 1531

| 1. P | roject Title | Monticello Waste | e Water Treatm | ent Plant Upgrades | | | | |
|---|--|--|--|---|---|---|--|--|
| 2. S | enate Sponsor | Corey Simon | | | | | | |
| 3. D | ate of Request | 11/20/2025 | | | | | | |
| 4. P | roject/Program De | escription | | | | | | |
| fi W | Iter out water and by vaste water demand o continue removing | pake solid waste in t d without the need t g sludge during the | the sun before on contract sludgers on the contract sludgers of the contract sludgers of the contract of the c | Waste Water Treatment F disposal. A dewatering de ge removal companies. The periodic inclement weath ditions within the waste w | vice will enable the ne dewatering devider. The dewatering | city to keep up with ce will enable the city device will enable | | |
| 5. S | tate Agency to red | ceive requested fu | nds Depa | artment of Environmental | Protection | | | |
| | tate Agency conta | • | | | | | | |
| | | | | | | | | |
| 6. A | mount of the Noni | recurring Request | for Fiscal Yea | r 2026-2027 | | | | |
| Т | ype of Funding | | | Amo | unt | | | |
| C | perating | | | | 0 | | | |
| | ixed Capital Outlay | | | | 420,000 | | | |
| T | otal State Funds I | Requested | | | 420,000 | | | |
| 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project) | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | A | D | | | |
| Т | Type of Funding | aguanted (from gua | ection #6) | Amount | Percentage | | | |
| T | otal State Funds R | equested (from que | estion #6) | Amount 420,000 | Percentage 100% | | | |
| T N | otal State Funds R | equested (from que | estion #6) | 420,000 | 100% | | | |
| T N F | otal State Funds R latching Funds ederal | | | 420,000 | 100% | | | |
| T N F | otal State Funds R latching Funds ederal state (excluding the | equested (from que | | 420,000 0 0 | 100% 0% 0% | | | |
| T N F S | otal State Funds R latching Funds ederal | | | 420,000 | 100% | | | |
| T N F S L | otal State Funds R flatching Funds dederal state (excluding the ocal | amount of this requ | uest) | 420,000 0 0 0 | 100% 0% 0% 0% 0% | | | |
| T N F S L C | Total State Funds R Matching Funds Tederal State (excluding the ocal Other Total Project Costs Las this project pre | | uest) 026-2027 state funding? | 420,000 0 0 0 420,000 | 100% 0% 0% 0% | | | |
| T N F S L C | Total State Funds R Matching Funds Tederal State (excluding the ocal Other Total Project Costs as this project profit yes, provide the fiscal Year | amount of this requestions for Fiscal Year 20 | uest) 026-2027 state funding? nce: | 420,000 0 0 0 420,000 No Specific | 100% 0% 0% 0% 0% | | | |
| T N F S L C | otal State Funds R flatching Funds federal State (excluding the ocal Other fotal Project Costs as this project profits, provide the | amount of this request for Fiscal Year 20 eviously received a most recent instar | uest) 026-2027 state funding? | 420,000 0 0 0 420,000 No Specific | 100% 0% 0% 0% 0% 100% | | | |
| T T N S L C T T S 8. H II | otal State Funds R flatching Funds federal state (excluding the ocal other fotal Project Costs las this project prefixes, provide the fiscal Year (уууу-уу) | amount of this request for Fiscal Year 20 eviously received most recent instar | nest) 026-2027 state funding? nce: ount Nonrecurrin | 420,000 0 0 0 420,000 No Specific | 100% 0% 0% 0% 0% 100% | | | |
| T T M F S L C T T T T T T T T T T T T T T T T T T | otal State Funds R flatching Funds federal state (excluding the ocal other fotal Project Costs as this project profit yes, provide the fiscal Year (yyyy-yy) | amount of this request for Fiscal Year 20 eviously received a most recent instar Amore Recurring | plest) 226-2027 state funding? nce: Dunt Nonrecurring uested? | 420,000 0 0 0 420,000 No Specific Appropriation # | 100% 0% 0% 0% 0% 100% | | | |
| 7 T M F S L C T T T T T T T T T T T T T T T T T T | otal State Funds R flatching Funds federal state (excluding the ocal other fotal Project Costs flas this project profit yes, provide the flatching Year (yyyy-yy) full future-year funding the fotal flatching | amount of this request for Fiscal Year 20 eviously received a most recent instar Amore Recurring ing likely to be requested amount on the contract of the cont | plest) 226-2027 State funding? Ount Nonrecurring uested? nt per year. | 420,000 0 0 0 420,000 No Specific Appropriation # | 100% 0% 0% 0% 0% 100% | | | |
| 7 T M F S L C T T T T T T T T T T T T T T T T T T | otal State Funds R flatching Funds federal state (excluding the ocal other fotal Project Costs flas this project profit yes, provide the flatching Year (yyyy-yy) full future-year funding the fotal flatching | amount of this request for Fiscal Year 20 eviously received a most recent instar Amore Recurring ing likely to be requested amount on the contract of the cont | plest) 226-2027 State funding? Ount Nonrecurring uested? nt per year. | 420,000 0 0 0 420,000 No Specific Appropriation # | 100% 0% 0% 0% 0% 100% | | | |



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| . Status of Construction | |
|--|-------------------------------|
| a. What is the current phase of the project? | |
| Planning | '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? | 07/01/2027 |
| e. What funding stream will be used for ongoing operations | s and maintenance of the proj |
| During project, all work will be funded through this request | |

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.

Post completion, all operations and maintenance will be funded locally through municipal budget.

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|--------|-----|----|-----|-----|-------|------|
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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. | 420,000 | | | |
| Total State Funds Requested (must equal total from question #6) 420,000 | | | | | |

13. Program Performance

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

Creation of resiliency and redundancy for treatment of solids extracted from waste water; ability to perform treatment during periods of wet weather, thus reducing the risk of backup/overflow.

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

Planning, design, construction, and supervision of project by City of Monticello and qualified contracted personnel.

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



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Resiliency and redundancy of their city's waste water collection and treatment system.

Assurance that their city's waste water treatment plant is being proactive to prevent contamination of the land and

groundwater by overflow or back up of sewage. d. Who is the target population served by this project? How many individuals are expected to be served? City of Monticello Greater than 2,700 people e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Creation of resiliency and redundancy for treatment of solids extracted from waste water; ability to perform treatment during periods of wet weather, thus reducing the risk of backup/overflow: Ability to keep up with demand and specified parameters. 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? Repayment of funds awarded, proportionate to project completion. 14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes a. If Yes, what phase best describes the project? Mitigation (reducing or eliminating potential loss of life or property) \square 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): Mitigating risk from future natural disasters. 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

☐ Yes, 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 | | | | |
| | , | | | | | |
| ΡI | ease complet | e questions 17 through 21 for Water Projects only. | | | | |
| 17. | Have you been aw | rarded or applied for alternative state funding for this project? | | | | |
| | □ Water Quality I | mprovement Grant Program | | | | |
| | ☐ Resilient Florid | a Grant Program | | | | |
| | ☐ Wastewater Re | evolving Loan | | | | |
| | □ Drinking Water | Revolving Loan | | | | |
| | ☐ Small Commur | nity Wastewater Treatment Grant | | | | |
| | ☐ Other (please s | specify, 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 | Economic Concern | | | | |
| | ☐ Rural Area of C | Opportunity (s. 288.0656, Florida Statutes) | | | | |
| | □ N/A | | | | | |
| 19. | What is the status | of construction? | | | | |
| | Not ready | | | | | |
| 20. What percentage of the construction has been completed? | | | | | | |
| | 0% | | | | | |
| 21. | What is the estima | ated completion date of construction? 07/01/2027 | | | | |
| 22. | Requester Contact Information | | | | | |
| | a. First Name | Kurt Last Name Mackiewicz | | | | |
| | b. Organization | City of Monticello | | | | |



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| | c. E-mail Address | citymanager@mymonticello.net | | | | | |
|--------------------------------------|----------------------------------|------------------------------|----------------|-----------|------------|--|--|
| | d. Phone Number | (850)342 | -8005 | Ext. | | | |
| | | | | | | | |
| 23. | Recipient Contact | Informatio | on | | | | |
| | a. Organization | City of Mo | onticello | | | | |
| b. Municipality and County Jefferson | | | | | | | |
| | c. Organization Type | | | | | | |
| | □For Profit Entity | | | | | | |
| | □Non Profit 501(c | :)(3) | | | | | |
| | □Non Profit 501(c)(4) | | | | | | |
| | ☑Local Entity | | | | | | |
| | □University or College | | | | | | |
| | □Other (please sp | ecify) | | | | | |
| | d. First Name | Kurt | | Last Name | Mackiewicz | | |
| | e. E-mail Address | citymana | ger@mymonticel | lo.net | | | |
| | f. Phone Number | (850)342 | -8005 | Ext. | | | |
| 24. | 24. Lobbyist Contact Information | | | | | | |
| | a. Name | None | | | | | |
| | b. Firm Name | | | | | | |
| | 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.