

LFIR # 1720

i. Project Title	Salety Harbor S	Storriwater Pond	i Modification Project			
2. Senate Sponsor	Ed Hooper					
3. Date of Request	11/4/2025					
•						
4. Project/Program	Description					
the community's leading the watershed, to	ocal water sheds. Po prevent unnecessary wners. Inadequate flo	nd improvement I flooding and er	port improvements at a local is are necessary to supports and consion. Unnecessary flood by impact thousands. It is	rt appropriate flow or ing and erosion can	of the creeks within affect hundreds of	
5. State Agency to	receive requested for	unds Depa	artment of Environmental	Protection		
State Agency co	-					
6. Amount of the No	onrecurring Reques	t for Fiscal Yea	r 2026-2027			
Type of Funding			Amo	unt		
Operating				0		
Fixed Capital Out				1,000,000		
Total State Fund	s Requested			1,000,000		
7. Total Project Cos	st for Fiscal Year 202	26-2027 (includ	ing matching funds avai	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Type of Funding Total State Funds		estion #6)	Amount 1,000,000	Percentage 100%		
	Requested (from qu	estion #6)	Amount 1,000,000			
Total State Funds	Requested (from qu	estion #6)				
Total State Funds Matching Funds Federal	Requested (from qu		1,000,000	100%		
Total State Funds Matching Funds Federal	Requested (from qu		1,000,000	100%		
Total State Funds Matching Funds Federal State (excluding to	Requested (from qu		1,000,000	100% 0% 0%		
Total State Funds Matching Funds Federal State (excluding to Local Other	Requested (from qu	quest)	0 0 0	100% 0% 0% 0%		
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Total State Funds Matching Funds Federal State (excluding to Local Other Total Project Costs 8. Has this project of If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fur a. If yes, indicate	s Requested (from quested the amount of this requests for Fiscal Year 2 previously received the most recent instandard Recurring amount of this requests for Fiscal Year 2 previously received the most recent instandard Recurring amount of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the first form of this requests for Fiscal Year 2 previously received the most received the most received the first form of the	state funding? nce: Nonrecurrin quested? unt per year.	1,000,000 0 0 0 1,000,000 No Specific Appropriation #	100% 0% 0% 0% 100%		



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

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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?	10/01/2026
d. What is the estimated completion date of construction?	09/30/2027
e. What funding stream will be used for ongoing operations	and maintenance of the project?
Local government general fund made up of property taxes, feet	es, etc.
List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entition of Safety Harbor	

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	Design and construction	1,000,000	
Total State Funds Requested (must equal total from question #6) 1,000,000			

13. Program Performance

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

The purpose is to modify a local pond which is critical to the maintenance and operation of a creek within the City's multiple watershed system.

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

The pond modification project will be designed to ensure adequate flow, as well as reduced erosion and unnecessary flooding.

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



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The pond modification project will serve no less than than a third of the population's 16,000 residents; therefore a little over 5,000 local residents

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

The pond modification project will serve no less than than a third of the population's 16,000 residents; therefore a little over 5,000 local residents. However, it should be noted that the pond supports a creek, and an overall larger watershed which is counted on by residents living within the City of Safety Harbor, the City of Clearwater, and unincorporated Pinellas County.

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

The pond will be evaluated by direct observation to ensure adequate flow of the creek and pond system, no erosion, and no flooding. Unnecessary flooding and/or erosion on private property is hoped to be reduced if not eliminated.

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?

ı	Return of funds
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:
b.	Provide the total project cost listed on the FEMA project worksheet:
16. H	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No



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	☐ No, but intends t	to apply	
	a. If yes, specify th Commerce):	he program and state agency (ex. Local Government Emergency Bridge Loan, Department o	of
	Commerce):		
PI	ease complet	te questions 17 through 21 for Water Projects only.	
17.	Have you been aw	varded or applied for alternative state funding for this project?	
	□ Water Quality I	Improvement Grant Program	
	☐ Resilient Florid	da Grant Program	
	☐ Wastewater Re	evolving Loan	
	□ Drinking Water	r Revolving Loan	
	☐ Small Commun	nity Wastewater Treatment Grant	
	☐ Other (please s	specify, ex. Alternative Water Supply Grants)	
	☑ N/A		
18.	What is the popula	lation economic status?	
	☐ Financially Disa	sadvantaged Community (ch. 62-552, F.A.C)	
	☐ Financially Disa	sadvantaged 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	s of construction?	
	Not ready.		
20.	What percentage of	of the construction has been completed?	
	0%		
21.	What is the estima	ated completion date of construction? 09/30/2027	
22.	Requester Contac	et Information	
	a. First Name	Josh Last Name Stefancic	
	b. Organization	City of Safety Harbor	
	c. E-mail Address	jstefancic@cityofsafetyharbor.com	



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	d. Phone Number	(727)724-1555	Ext.		
23.	3. Recipient Contact Information				
	a. Organization	City of Safety Harbor			
	b. Municipality and	d County Pinellas			
	c. Organization Type				
	□For Profit Entity				
	□Non Profit 501(c)(3)				
	□Non Profit 501(c)(4)				
	☑Local Entity	☑Local Entity □University or College			
	□University or Co				
	□Other (please sp	pecify)			
	d. First Name	Renee	Last Name	Cooper	
	e. E-mail Address	rcooper@cityofsafetyharbor.com			
	f. Phone Number	(727)724-1520	Ext.		
24.	24. Lobbyist Contact Information				
	a. Name	Alan J. Suskey Shumaker Advisors Florida, LLC			
	b. Firm Name				
	c. E-mail Address	asuskey@shumakeradvisors.com			
	d Phone Number	(850)510-8314			

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