

**LFIR # 1729** 

Project Title	Clearwater Lift St	ation Dahah D	rogram			
Project Title	Clearwater Lift Sta	auon Kenab P	тоугатт			
Senate Sponsor	Ed Hooper					
Date of Request	11/14/2025					
Project/Program D	escription					
comprehensive rehastations to a like-ne	abilitation will address w condition. This criti	s structural, me ical work will ei	ent of five aging lift station echanical, and electrical s nsure the reliable operation health and the environment	system deficiencies on of essential was	to restore the	
State Agency to re	ceive requested fun	n <b>ds</b> Depa	artment of Environmental	Protection		
State Agency conta Amount of the Non	ncted? No No recurring Request f	for Fiscal Yea	r 2026-2027			
Type of Funding			Amo	Amount		
Operating				0		
Fixed Capital Outlay	/			3,000,000		
Total State Funds Requested				3,000,000		
Total Project Cost		i-2027 (includi	ing matching funds ava	, ,	•	
Total Project Cost		,	ing matching funds ava  Amount  3,000,000	, ,	ect)	
Total Project Cost	for Fiscal Year 2026	,	Amount	ilable for this proj	ect)	
Total Project Cost to Type of Funding Total State Funds R	for Fiscal Year 2026	,	Amount	ilable for this proj	ect)	
Total Project Cost to Type of Funding Total State Funds Reduction Funds Federal	for Fiscal Year 2026	stion #6)	Amount 3,000,000	Percentage	ect)	
Total Project Cost to Type of Funding Total State Funds Reduction Funds Federal	for Fiscal Year 2026 Requested (from ques	stion #6)	Amount 3,000,000	Percentage 100%	ect)	
Total Project Cost to  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the	for Fiscal Year 2026 Requested (from ques	stion #6)	Amount 3,000,000	Percentage 100% 0%	ect)	
Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	for Fiscal Year 2026 Requested (from ques	est)	Amount 3,000,000 0 0	Percentage 100% 0% 0%	ect)	
Total Project Cost of Type of Funding Total State Funds Rederal State (excluding the Local Other Total Project Costs Has this project profit of the Project Costs Fiscal Year	tequested (from quested amount of this requested for Fiscal Year 202 eviously received sometimest recent instance.	est)  26-2027  tate funding? ce:	Amount 3,000,000  0 0 0 3,000,000  No Specific	Percentage 100% 0% 0% 0% 0%	ect)	
Total Project Cost of Type of Funding Total State Funds Rederal State (excluding the Local Other Total Project Costs Has this project profit of the Project Costs	tequested (from questamount of this requests for Fiscal Year 202 eviously received sometimes and the control of	est)  26-2027  tate funding?	Amount 3,000,000  0 0 0 3,000,000  No Specific	Percentage	ect)	



1

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

**LFIR # 1729** 

10. Status of Constr
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8	a. What is the cur	rent phase of the	e project?					
	Planning	<ul><li>Design</li></ul>	Construction	) N/A				
k	o. Is the project "s	shovel ready" (i.	e permitted)?		No			
(	. What is the esti	imated start date	of construction?		12/28/2026			
(	d. What is the esti	imated completi	on date of constructio	n?	12/28/2028			
•	e. What funding s	tream will be us	ed for ongoing operat	ions a	nd maintenance of	the project?		
	City will maintain	with our operation	ns funding.					
1.			receive, directly or inc of the facility and the			outlay funding.	Include the	
	City of Clearwate	City of Clearwater will own and maintain.						

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	N/A	0		
Other Salary and Benefits	N/A	0		
Expense/Equipment/Travel/Supplies/ Other	N/A	0		
Consultants/Contracted Services/Study	N/A	0		
Operational Costs				
Salary and Benefits	N/A	0		
Expense/Equipment/Travel/Supplies/ Other	N/A	0		
Consultants/Contracted Services/Study	N/A	0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Funds will be used to construct and refurbish five lift stations.	3,000,000		
Total State Funds Requested (must equal total from question #6) 3,000,000				

### 13. Program Performance

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

The purpose is the critical and timely refurbishment of five lift stations that are nearing the end of their operational life. These funds will be used to construct and refurbish these stations to prevent catastrophic failures that would cause sanitary sewer overflows, thereby protecting public health and safeguarding the significant state and local investment in our coastal water quality and world-renowned beaches.

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

Funds will be used to cover the cost of construction to improve the lift stations.

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



LFIR # 1729

	An improved sewer system that will be more efficient and reliable.
	d. Who is the target population served by this project? How many individuals are expected to be served?
	"This project will directly protect the health and property of over 117,000 Clearwater residents connected to our sanitary sewer system. By preventing system failures, it also safeguards our vital tourism population and the businesses that depend on clean beaches and waterways
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
	be measured?
	We expect an improvement in lift stations being rehabilitated in safety, efficiency, and capacity. We will continue to monitor these lift stations after construction is complete and expect to see less problems from these lift stations in maintenance or more serious failures such as sewer overflows.
	f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltic
	for failing to meet deliverables or performance measures provided for in the contract?
	If the lift stations are not rehabilitated and fail they can cause sewer overflows which will result in fines from the FDEP.
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No
а	. 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	o. Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15.	Has the entity applied for or received federal assistance for this project?
	□ Yes, Applied
	□ Yes, Received
	□ No
	□ No, but intends to apply
а	. If yes, provide the FEMA project worksheet ID#:
b	o. 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
	□ No



**LFIR # 1729** 

<ul><li>☐ No, but intends t</li><li>a. If yes, specify th</li></ul>		ate agency (ex. Local Government Emergency Bridge Loan, De
Commerce):		
lease complete	e questions 1	17 through 21 for Water Projects only.
7. Have you been aw	arded or applied fo	for alternative state funding for this project?
☑ Water Quality I	mprovement Grant	Program
☑ Resilient Florida	a Grant Program	
☑ Wastewater Re	volving Loan	
☑ Drinking Water	Revolving Loan	
☑ Small Commun	ity Wastewater Trea	eatment Grant
☐ Other (please s	pecify, ex. Alternati	tive Water Supply Grants)
☑ N/A		
3. What is the popula	ition economic sta	atus?
☑ Financially Disa	advantaged Commu	unity (ch. 62-552, F.A.C)
☑ Financially Disa	advantaged Municip	pality (ch. 62-552, F.A.C)
☑ Rural Area of E	conomic Concern	
☑ Rural Area of C	pportunity (s. 288.0	0656, Florida Statutes)
☑ N/A		
9. What is the status	of construction?	
In Design		
0. What percentage o	of the construction	n has been completed?
0%		
1. What is the estima	ted completion da	ate of construction? 12/28/2028
2. Requester Contac	t Information	
a. First Name	Jennifer	Last Name Poirrier
b. Organization	City of Clearwater	r
c. E-mail Address	iennifer.poirrier@r	mvclearwater.com



**LFIR # 1729** 

d. Phone Number	(727)444	-7171	Ext.				
23. Recipient Contact	23. Recipient Contact Information						
a. Organization	City of Clearwater						
b. Municipality and County Pinellas							
c. Organization Type							
□For Profit Entity	Entity						
□Non Profit 501(	Non Profit 501(c)(3)						
□Non Profit 501(	□Non Profit 501(c)(4)						
☑Local Entity	ty						
□University or Co	or College						
□Other (please s	ease specify)						
d. First Name	Michael		Last Name	Flanigan			
e. E-mail Address	michael.f	michael.flanigan@myclearwater.com					
f. Phone Number	(727)444	-8784	Ext.				
24. Lobbyist Contact Information							
a. Name	Anita Berry  Johnston & Stewart Government Strategies, LLC						
b. Firm Name							
c. E-mail Address	anita@jo	anita@johnstonstewart.com					
d. Phone Number	(813)345-4104						

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