

LFIR # 1839

| 2. Senate Sponsor Ana Maria Rodriguez 3. Date of Request 12/5/2025 4. Project/Program Description The requested funds will construct a new 1.0-million-gallon ground-level drinking water storage tank with at the Water Treatment Plant at Wittkop Park to expand Homestead's storage capacity, improve system repeak demand/emergencies, and ensure a sustainable, resilient potable water supply for future growth. 5. State Agency to receive requested funds Department of Environmental Protection | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| 4. Project/Program Description The requested funds will construct a new 1.0-million-gallon ground-level drinking water storage tank with at the Water Treatment Plant at Wittkop Park to expand Homestead's storage capacity, improve system repeak demand/emergencies, and ensure a sustainable, resilient potable water supply for future growth. | | | | | | | | | | |
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| 5. State Agency to receive requested funds Department of Environmental Protection | The requested funds will construct a new 1.0-million-gallon ground-level drinking water storage tank with booster pumps at the Water Treatment Plant at Wittkop Park to expand Homestead's storage capacity, improve system reliability during peak demand/emergencies, and ensure a sustainable, resilient potable water supply for future growth. | | | | | | | | | |
| | 5. State Agency to receive requested funds Department of Environmental Protection | | | | | | | | | |
| State Agency contacted? No | | | | | | | | | | |
| 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027 | | | | | | | | | | |
| Type of Funding Amount | | | | | | | | | | |
| Operating 0 | | | | | | | | | | |
| Fixed Capital Outlay 2,000,000 | | | | | | | | | | |
| Total State Funds Requested 2,000,000 | | | | | | | | | | |
| 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project) | | | | | | | | | | |
| Type of Funding Amount Percentage Total State Funds Requested (from question #6) 2,000,000 67% | | | | | | | | | | |
| Matching Funds | | | | | | | | | | |
| Federal 0 0% | | | | | | | | | | |
| State (excluding the amount of this request) 0 0% | | | | | | | | | | |
| Local 1,000,000 33% | | | | | | | | | | |
| Other 0 0% | | | | | | | | | | |
| Total Project Costs for Fiscal Year 2026-2027 3,000,000 100% | | | | | | | | | | |
| 8. Has this project previously received state funding? If yes, provide the most recent instance: | | | | | | | | | | |
| Fiscal Year Amount Specific Vetoed | | | | | | | | | | |
| (уууу-уу) Recurring Nonrecurring Appropriation # | | | | | | | | | | |
| | | | | | | | | | | |
| 9. Is future-year funding likely to be requested? | | | | | | | | | | |
| | a. If yes, indicate nonrecurring amount per year. | | | | | | | | | |
| | | | | | | | | | | |
| a. If yes, indicate nonrecurring amount per year. | | | | | | | | | | |
| | | | | | | | | | | |



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| 10. Status of Construction | | | | | | | | | |
|--|------------|--|--|--|--|--|--|--|--|
| a. What is the current phase of the project? | | | | | | | | | |
| Planning | | | | | | | | | |
| b. Is the project "shovel ready" (i.e permitted)? | No | | | | | | | | |
| c. What is the estimated start date of construction? | 12/01/2026 | | | | | | | | |
| d. What is the estimated completion date of construction? | 10/01/2029 | | | | | | | | |
| e. What funding stream will be used for ongoing operations and maintenance of the project? | | | | | | | | | |
| City's CIP Budget | | | | | | | | | |
| 11. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the entity City of Homestead | | | | | | | | | |

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 | Requested funds will be used for the design and construction of a new 1.0-million-gallon ground-level drinking water storage tank with booster pumps, inclusive of backup generator, at the Water Treatment Plant at Wittkop Park (total: \$1,600,000.00). \$350,000,.00 for Contract Services related to the project's scope. \$50,000.00 in Project Management. Grand total: \$2,000,000.00 | 2,000,000 | | | | | |
| Total State Funds Requested (must equal total from question #6) 2, | | | | | | | |

13. Program Performance

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

The requested funds will construct a new 1.0-million-gallon ground-level drinking water storage tank with booster pumps at the Water Treatment Plant at Wittkop Park to expand Homestead's storage capacity, improve system reliability during peak demand and emergencies, and ensure a sustainable, resilient potable water supply for future growth.

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



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Requested funds will be used for the design and construction of a new 1.0-million-gallon ground-level drinking water

storage tank with booster pumps, inclusive of backup generator, at the Water Treatment Plant at Wittkop Park. c. What direct services will be provided to citizens by the appropriation project? Thousands of residents will benefit from this project resulting in measurable improvements such as fewer water quality violations, reduced risk of contamination events, and maintained compliance with drinking water standards. d. Who is the target population served by this project? How many individuals are expected to be served? The general public will be served by this project and will serve thousands of residents. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? An increase in storage and pumping capacity that stabilizes system pressure and reduces vulnerability to disruptions, resulting in measurable improvements such as fewer water quality violations, reduced risk of contamination events, and maintained compliance with drinking water standards. An increase in storage and pumping capacity that stabilizes system pressure and reduces vulnerability to disruptions, resulting in measurable improvements such as fewer water quality violations, reduced risk of contamination events, and maintained compliance with drinking water standards. 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? Revocation and return of funds to agency. 14. Is 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. 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#:

16. Has the entity applied for or received state assistance for this project (other than this request)?

b. Provide the total project cost listed on the FEMA project worksheet:



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| ☐ Yes, Applied | | | | | | |
|--|--|--|--|--|--|--|
| ☐ Yes, Received | | | | | | |
| □ No | | | | | | |
| □ No, but intends to apply | | | | | | |
| a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department o Commerce): | | | | | | |
| Please complete questions 17 through 21 for Water Projects only. | | | | | | |
| 17. Have you been awarded or applied for alternative state funding for this project? | | | | | | |
| □ Water Quality Improvement Grant Program | | | | | | |
| □ Resilient Florida Grant Program | | | | | | |
| ☐ Wastewater Revolving Loan | | | | | | |
| □ Drinking Water Revolving Loan | | | | | | |
| □ Small Community Wastewater Treatment Grant | | | | | | |
| ☐ Other (please specify, ex. Alternative Water Supply Grants) | | | | | | |
| ☑ N/A | | | | | | |
| 18. What is the population economic status? | | | | | | |
| ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C) | | | | | | |
| ☑ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) | | | | | | |
| □ Rural Area of Economic Concern | | | | | | |
| ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) | | | | | | |
| □ N/A | | | | | | |
| 19. What is the status of construction? | | | | | | |
| Planning | | | | | | |
| 20. What percentage of the construction has been completed? | | | | | | |
| 0% | | | | | | |
| 21. What is the estimated completion date of construction? 10/01/2029 | | | | | | |



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| | a. First Name | Nzeribe | | Last Name | Ihekwaba | | | | |
|----------------------------------|----------------------|--|--------|-----------|----------|--|--|--|--|
| | b. Organization | City of Homestead | | | | | | | |
| | c. E-mail Address | nihekwaba@homesteadfl.gov | | | | | | | |
| | d. Phone Number | (305)224 | -4412 | Ext. | | | | | |
| | | | | | | | | | |
| 23. | Recipient Contact | act Information | | | | | | | |
| | a. Organization | City of Homestead | | | | | | | |
| | b. Municipality and | y and County Miami-Dade | | | | | | | |
| | c. Organization Type | | | | | | | | |
| | □For Profit Entity | y | | | | | | | |
| | □Non Profit 501(c | c)(3) | | | | | | | |
| | □Non Profit 501(c | c)(4) | | | | | | | |
| | ☑Local Entity | | | | | | | | |
| | □University or Co | ollege | | | | | | | |
| | □Other (please sp | specify) | | | | | | | |
| | d. First Name | Cairo | | Last Name | Cangas | | | | |
| | e. E-mail Address | ccangas@homesteadfl.gov | | | | | | | |
| | f. Phone Number | (305)224 | -4405 | Ext. | | | | | |
| 24. Lobbyist Contact Information | | | | | | | | | |
| | a. Name | Jose K. I | uentes | | | | | | |
| | b. Firm Name | Becker & Poliakoff PA jfuentes@beckerlawyers.com | | | | | | | |
| | c. E-mail Address | | | | | | | | |
| | d. Phone Number | (305)260-1018 | | | | | | | |

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