

LFIR # 1908

1. Project Title	Ocoee Alternative V	Vater Supply				
2. Senate Sponsor	Keith Truenow					
3. Date of Request	11/3/2025					
4. Project/Program De	escription					
and expansion of the the City's proactive is withdrawing in 3.8 reclaimed water res wholesale rates by i	to design backup supple Ocoee Reclaim syste expansion program whis MGD of groundwater acreation for future reclanceasing the City's conceive requested funds	m. Ocoee's reclich includes who and supplying 4 im customers. Rest per 1,0	aim system expansio llesale agreements fo MGD of reclaimed w	n has far outpaced or additional supply ater to customers, v nty changed qualific	expectations due to and retrofits. Ocoee with 1 MGD of	
State Agency conta		5 ' 11' 00'				
	recurring Request for	Fiscal Year 202			1	
Type of Funding Operating			Amo	unt 0		
Fixed Capital Outlay				375,000		
•	Total State Funds Requested			375,000		
				0.0,000	1	
7. Total Project Cost f	or Fiscal Year 2026-2	027 (including ı	matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from questic	on #6)	375,000	50%		
Matching Funds						
Federal			0 0%			
State (excluding the amount of this request)			0 0%			
Local			375,000 50%			
Other			0 0%			
Total Project Costs	s for Fiscal Year 2026-	-2027	750,000	100%		
	eviously received statements	_	No			
Fiscal Year	Amoun	t	Specific	Vetoed		
(уууу-уу)	Recurring 1	Nonrecurring	Appropriation #			
_	ing likely to be reques		Yes 10,000,000]	
b. Describe the so	urce of funding that c	an be used in li	eu of state funding.			
City funds						



10. Status of Construction

Planning

a. What is the current phase of the project?

O Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

N/A

No

02/01/2027

08/24/2028

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

the facilities and is the applicant. te funds will be expended	
Description	Amount
	·
r Renovation:	
Engineering design, permitting and bidding.	375,00
and a small total from supportion #6)	375,00
	Description The secription of the secretary of the secription of the secretary

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



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d. Who is Ocoee r e. What is be meas The City mission. to expan Groundw Withdraw also use f. What a for failin The city log and p performe the contra measure l. Is this pr a. If Yes, v	s the target population served by this project? How many individuals are expected to be served? residents and businesses with an estimated service area population of 50,000. is the expected benefit or outcome of this project? What is the methodology by which this outcome will sured? y's operation of it's robust reclaimed water system aligns with SJRWMD CFWI groundwater conservation This project allows the City to supply over 4 MGD of reclaim water to the entire service area and also continue do the system. vater withdrawals are measured and reported to the St Johns River water management District semiannually. It was and potential environmental impacts are evaluated as part of the City's Consumptive Use Permit and are dor Central Florida Water Initiate Regional Water Supply Plan. are the suggested penalties that the contracting agency may consider in addition to its standard penalting to meet deliverables or performance measures provided for in the contract? Trainitians a robust inspection program which includes an assigned City inspector to observe, document (daily pictures), and oversee testing of construction materials and installation. Monthly recorded meetings are add and pay applications are approved by the Inspector, City Engineer, and Director. Deliverables are outlined in ract documents in accordance with State and City guidelines. Failure to meet deliverables or performance as may lead to delayed disbursements and/or non-payment.
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a. If Yes, v	oject related to mitigation, response, or recovery from a natural disaster? No
-	· — —
	what phase best describes the project?
☐ Mitig	gation (reducing or eliminating potential loss of life or property)
□ Resp	ponse (addressing the immediate and short-term effects of a natural disaster)
□ Reco	overy (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. Name c	of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Has the	entity applied for or received federal assistance for this project?
□ Yes, A	pplied
☐ Yes, R	received
□ No	
□ No, bu	t intends to apply
a. If yes, p	provide the FEMA project worksheet ID#:
b. Provide	e the total project cost listed on the FEMA project worksheet:



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☐ Yes, Received	
□ No	
□ No, but intends to apply	
a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department (Commerce):	of
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 phase is underway	
20. What percentage of the construction has been completed?	
0%	
21. What is the estimated completion date of construction?	
22. Requester Contact Information	
a. First Name Jennifer Last Name Bolling	



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	b. Organization	City of Ocoee							
	c. E-mail Address	jbolling@ocoee.org							
	d. Phone Number	(407)905	-3159	Ext.					
23.	23. Recipient Contact Information								
	a. Organization	City of Ocoee							
	b. Municipality and	d County Orange							
	c. Organization Type								
	□For Profit Entity	t Entity							
	□Non Profit 501(d	(c)(3)							
	□Non Profit 501(d	(c)(4)							
	☑Local Entity								
	□University or Co	ollege							
	□Other (please sp	specify)							
	d. First Name	Rusty		Last Name	Johnson				
	e. E-mail Address	rjohnson@ocoee.org							
	f. Phone Number	(407)905	-3100	Ext.					
24.	24. Lobbyist Contact Information								
	a. Name	Timothy F. Stanfield							
	b. Firm Name	Greenberg Traurig PA							
	c. E-mail Address	stanfieldt@gtlaw.com							
	d Phone Number	(850)222-6891							

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