



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3020

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Freeport seeks funding for a new lift station needed to provide newer, more reliable critical wastewater infrastructure for its residents.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	700,000
<b>Total State Funds Requested</b>	<b>700,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	700,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>700,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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The city received approximately \$1.2 million from the American Rescue Plan Act and was used towards a variety of projects.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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

Yes

c. What is the estimated start date of construction?

9/1/2024

d. What is the estimated completion date of construction?

3/1/2025

**12. 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.**

The City of Freeport is the owner.

**13. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Contractual services for engineering design, permitting, bidding, project management and construction to replace/upgrade lift station.	700,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>700,000</b>

**14. Program Performance**

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

The proposed improvements will be designed to serve the current population, projected future growth and will be more cost effective.

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

The lift station will be replaced which will then provide a more reliable sewer service for residents.

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



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Citizens will be better protected from sewer leaks, will face a reduction of malfunction and overflow incidents, and will experience more reliable critical infrastructure.

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

The current population living in Walton County as well as visitors and new residents are expected to be served; over 800 individuals

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

Improve physical health; benefits to improve health by continuing to provide reliable sewer service and lift stations  
 Improve wastewater management; measured by less repairs and more reliable critical infrastructure

**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 the contract?**

If appropriated, the City of Freeport will ensure that all deliverables and performance measures set forth in the funding agreement are met. These measures will include engaging a compliance/project management team to work with the City staff to oversee administration and compliance of the appropriated funds.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)

Local Entity

University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**



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a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

### Please complete the questions below for Water Projects only.

#### 18. Have you applied for alternative state funding?

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify)
- N/A

#### 19. 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

#### 20. What is the status of construction?

#### 21. What percentage of the construction has been completed?

#### 22. What is the estimated completion date of construction?