



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1892

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The Town of Lantana extracts, treats and distributes approximately 750M gallons of potable water annually. The Town's water supply is threatened do to the age and condition of the resins, filter media and treatment units at the Water Treatment Facility used to treat raw water. The quality of the water distributed to the Town's residents and businesses often fails secondary standards for color established by the Florida Department of Environmental Protection. Due to the fact that the water often has a "yellow" tinge, many residents and business owners have voiced their concerns about the Town's ability to consistently provide a high quality, safe and clear in color water supply and as a result, upgrades are urgently required.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,300,000
<b>Total State Funds Requested</b>	<b>1,300,000</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)	1,300,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,300,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,600,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**

Local Funding in the amount of \$1,300,000 (is budgeted and appropriated).

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



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Yes

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

\$6,300,000 - American Rescue Plan Act (ARPA) Funding to be used primarily for infrastructure improvements and capital outlay.  
 \$109,000 - Various smaller amounts that were used to reimburse related operational costs.

## 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

Town of Lantana, FL

### 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	Replace Resins, Filter Media and Upgrade of Treatment Units at Water Treatment Facility.	1,300,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,300,000</b>

### 14. Program Performance

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



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The project purpose is to replace aged resins, filter media and treatment units at the Town's Water Treatment Facility. Additional goals are to meet or exceed the Florida Department of Environmental Protection's secondary standards for water color and restore confidence from the Town's residents regarding the quality, safety and color of the Town's potable water supply and reduce system maintenance.

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

Replace aged resins, filter media and treatment units at the Town's Water Treatment Facility.

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

The Town will consistently process and distribute high quality potable water that meets or exceeds all regulatory standards for safe, stable and reliable drinking water.

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

Residents, visitors and business owners totaling approximately 13,000.

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

The processing and distribution of potable water in a safe, stable and reliable manner. Measurements are meeting or exceeding regulatory requirements, customer satisfaction and reduced system maintenance.

**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?**

Residents are concerned about the Town's ability to promptly provide a potable water supply that is of high quality, safe to drink and clear in color and as a result penalties (i.e., liquidated damages) will be defined in the agreement that outlines the repairs.

**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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number

**17. Lobbyist Contact Information**

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?**