

1. Project Title

Upgrades

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Zephyrhills Phase 3 Septic to Sewer Southside Transmission Line

**LFIR # 1628** 

| 2. | Senate Sponsor  | Danny Burgess   |   |                        |   |  |
|----|---|---|---|------------------------|---|--|
| 3. | Date of Request   | 11/29/2023  |   |                        |   |  |
| 4. | Project/Program Des   | scription   |   |                        |   |  |
|    | existing septic system<br>will also help with the<br>this project produces<br>supply that will be use | ns and to prevent the development of the AWT-quality reclained by both the City | ne installation of ue industrial corridence industrial corridence med water, and the of Zephyrhills and | or along Chancey Road  | otic systems in the p<br>d. The wastewater t<br>I also produce addit<br>ncludes approximate | project area. The project<br>reatment facility serving<br>tional alternative water |
| 5. | State Agency to reco  | eive requested fur  | nds Departr   | nent of Environmental  | Protection  |  |
|    | State Agency contact  | cted? No  |   |                        |   |  |
| 6  | Amount of the Nonre   | acurring Poguest  | or Fiscal Voar 2  | N24_2N25               |   |  |
| Ο. |   |   | OI FISCAI TEAI 2  |                        |   |  |
|    | Type of Funding   |   |   | Amo                    |   |  |
|    | Operations Fixed Capital Outlay   |   |   |                        | 1,550,000   |  |
|    | Total State Funds R   | anuestad  |   |                        | 1,550,000   |  |
|    | Total Otate Fullas IX   | equesteu  |   |                        | 1,000,000   |  |
| 7. | Total Project Cost fo   | or Fiscal Year 2024   | -2025 (including  | matching funds avai    | ilable for this proje   | ect)   |
|    | Type of Funding   |   |   | Amount                 | Percentage  |  |
|    | Total State Funds Re  | quested (from ques  | stion #6)   | 1,550,000              | 86%   |  |
|    | Matching Funds  |   |   |                        |   |  |
|    | Federal   |   |   | 0 0%                   |   |  |
|    | State (excluding the a  | amount of this requ   | est)  | 250,000                | 14%   |  |
|    | Local   |   |   | 0                      | 0%  |  |
|    | Other   |   |   | 0                      | 0%  |  |
|    | <b>Total Project Costs</b>  | for Fiscal Year 20  | 24-2025   | 1,800,000              | 100%  |  |
| 8. | Has this project pre-   | viously received s  | tate funding?   | No                     |   |  |
|    | Fiscal Year   | Amo   | unt   | Specific               | Vetoed  |  |
|    | (уууу-уу)   | Recurring   | Nonrecurring  | Appropriation #        |   |  |
|    |   |   |   |                        |   |  |
| 9. | Is future funding like  | ely to be requeste  | d?  | No                     |   |  |
|    | a. If yes, indicate no  | onrecurring amour   | nt per year.  |                        |   |  |
|    | b. Describe the sour  | rce of funding tha  | t can be used in  | lieu of state funding. |   |  |
|    |   |   |   |                        |   |  |
|    | Local Funds   |   |   |                        |   |  |

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



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

American Rescue Plan Act - \$8,242,048. \$7.4 is going to the restoration and renovation of Hercules Park. Remaining not identified yet. \$51,980 for Covid-19 prevention measures (gloves, glass partitions, masks, etc.)

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

| 1 | 1 | . Status | of  | Cons  | stru | ction |
|---|---|----------|-----|-------|------|-------|
|   |   | . Otatus | VI. | COII. | ou u | CHUII |

| a. | What   | is | the | current | phase  | of | the | pro  | iect? |
|----|--------|----|-----|---------|--------|----|-----|------|-------|
| u. | TTIIGL | 13 | uic | Current | priase | V. | uic | PI U | COL   |

| <ul><li>Planning</li></ul> | O Design       | Construction     | O N/A |    |
|----------------------------|----------------|------------------|-------|----|
| b. Is the project          | "shovel ready" | (i.e permitted)? |       | No |
| c. What is the es          | 10/01/2024     |                  |       |    |
| d. What is the es          | 09/30/2025     |                  |       |    |

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.

City of Zephyrhills shall own the project when completed, and also owns the WWTP the wastewater will travel to for treatment.

#### 13. 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/<br>Other                              |   | 0         |  |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                 |   | 0         |  |  |  |  |  |
| Operational Costs: Other   |   |           |  |  |  |  |  |
| Salary and Benefits  |   | 0         |  |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                              |   | 0         |  |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                 |   | 0         |  |  |  |  |  |
| Fixed Capital Construction/Majo  | Fixed Capital Construction/Major Renovation:  |           |  |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                    | All funds to be utilized for design, engineering, construction, and inspection during construction services | 1,550,000 |  |  |  |  |  |
| otal State Funds Requested (must equal total from question #6) 1,550,000 |   |           |  |  |  |  |  |

#### 14. Program Performance

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



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The goal of this project is to upgrade an existing wastewater transmission system in order to support the removal of existing septic systems and to prevent the installation of up to 400 additional septic systems in the project area. The wastewater treatment facility serving this project produces AWT-quality reclaimed water, and therefore this project will also produce additional alternative water supply that will be used by both the City of Zephyrhills and Pasco County.

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

The requested funds will be used to upgrade existing wastewater transmission system infrastructure in order to meet the needs of existing and future citizens of the City of Zephyrhills and Pasco County.

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

Wastewater collection, transmission, and treatment services, as well as reclaimed water/alternative water supply availability services, will be provided to citizens of both the City of Zephyrhills and Pasco County.

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

The target population is within the southern service area, which will help in the revitalization of the blighted areas along the highway.

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

The removal of existing septic systems and to prevent the installation of up to 400 additional septic systems in the project area. The wastewater treatment facility serving this project produces AWT-quality reclaimed water, and therefore this project will also produce additional alternative water supply that will be used by both the City of Zephyrhills and Pasco County.

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?

Reimbursement of funds not correctly utilized for their intended purpose.

| 15. | 15. Requester Contact Information |             |                             |           |            |  |  |
|-----|-----------------------------------|-------------|-----------------------------|-----------|------------|--|--|
|     | a. First Name                     | John        |                             | Last Name | Bostic III |  |  |
|     | b. Organization                   | City of Ze  | City of Zephyrhills         |           |            |  |  |
|     | c. E-mail Address                 | jbostic@d   | oostic@ci.zephyrhills.fl.us |           |            |  |  |
|     | d. Phone Number                   | (813)780    | -0008                       | Ext.      |            |  |  |
| 16. | Recipient Contact                 | Information | on                          |           |            |  |  |
|     | a. Organization                   | City of Ze  | phyrhills                   |           |            |  |  |
|     | b. Municipality and               | d County    | Pasco                       |           |            |  |  |
|     | c. Organization Type              |             |                             |           |            |  |  |
|     | □For Profit Entity                |             |                             |           |            |  |  |
|     | □Non Profit 501(d                 | c)(3)       |                             |           |            |  |  |
|     | □Non Profit 501(c)(4)             |             |                             |           |            |  |  |
|     | ☑Local Entity                     | cal Entity  |                             |           |            |  |  |
|     | □University or Co                 | llege       |                             |           |            |  |  |



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| □Other (please sp               | □Other (please specify)                            |                        |                      |  |  |  |  |
|---------------------------------|--|------------------------|----------------------|--|--|--|--|
| d. First Name                   | William  | Last Name              | Poe                  |  |  |  |  |
| e. E-mail Address               | wpoe@ci.zephyrhills.fl.us                          |                        |                      |  |  |  |  |
| f. Phone Number (813)780-0000   |  |                        |                      |  |  |  |  |
| 7. Lobbyist Contact Information |  |                        |                      |  |  |  |  |
| a. Name                         | None   |                        |                      |  |  |  |  |
| b. Firm Name                    |  |                        |                      |  |  |  |  |
| c. E-mail Address               | c. E-mail Address                                  |                        |                      |  |  |  |  |
| d. Phone Number                 |  |                        |                      |  |  |  |  |
| •                               | e the questions be<br>for alternative state fundin |                        | Water Projects only. |  |  |  |  |
| □ Waste Water R                 | evolving Loan                                      |                        |                      |  |  |  |  |
| □ Drinking Water                | Revolving Loan                                     |                        |                      |  |  |  |  |
| ☐ Small Commun                  | ☐ Small Community Wastewater Treatment Grant       |                        |                      |  |  |  |  |
| ☐ Other (please s               | pecify)  |                        |                      |  |  |  |  |
| ☑ N/A                           |  |                        |                      |  |  |  |  |
| 19. What is the popula          | tion economic status?                              |                        |                      |  |  |  |  |
| ☑ Financially Disa              | advantaged Community (ch                           | . 62-552, F.A          | 1.C)                 |  |  |  |  |
| ☐ Financially Disa              | advantaged Municipality (ch                        | n. 62-552, F. <i>A</i> | A.C)                 |  |  |  |  |
| ☐ Rural Area of E               | conomic Concern                                    |                        |                      |  |  |  |  |
| ☐ Rural Area of O               | opportunity (s. 288.0656, Flo                      | orida Statute          | s)                   |  |  |  |  |
| □ N/A                           |  |                        |                      |  |  |  |  |
| 20. What is the status          | of construction?                                   |                        |                      |  |  |  |  |
| Not started                     |  |                        |                      |  |  |  |  |
| 21. What percentage of          | of the construction has be                         | en complet             | ed?                  |  |  |  |  |
| 0%                              |  |                        |                      |  |  |  |  |
| 22. What is the estima          | ted completion date of co                          | onstruction?           | •                    |  |  |  |  |
| 09/30/2025                      |  |                        |                      |  |  |  |  |