



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3343

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

**4. Project/Program Description**

This project includes intersection improvements at the CR 52, Meridian Avenue, 21st Street, Suwanee Way, and St. Joe Road intersection within the municipal limits. Traffic efficiency and safety as this five point intersection (at CR 52) would be greatly improved with the intersection improvements and would provide a gateway to assist the economically-thriving central business district and surrounding neighborhoods and provide a safer, more efficient traffic pattern for city and county residential subdivisions approved to be built to the west of the intersection. FDOT has initiated design process for the improvements. Funding was appropriated by the legislature in FY 22/23. Due to a revised intersection layout, proposing to revert and re-appropriate funding during FY 24/25.

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	4,200,000
<b>Total State Funds Requested</b>	<b>4,200,000</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)	4,200,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	450,000	10%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>4,650,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	4,200,000	1988A	No

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.**
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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.

## 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.

### 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	This project includes the realignment of SR 52 the five point intersection with Project limits at the CR 52, Meridian Avenue, 21st Street, Suwanee Way and St. Joe Road intersection, within the municipal limits. Request includes costs for design, engineering, permitting and construction.	4,200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,200,000</b>

### 14. Program Performance

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



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The proposed construction would alleviate current and projected traffic congestion at this 5 point intersection and increase pedestrian and vehicular safety. This project has been vetted through public participation with the update to the Pasco County MPO LRTP, TIP, with proposed funding in Fiscal Year 2026 for a three point intersection.

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

Activities will include all planning, design, and construction services, including, but not limited to: surveying, engineering, permitting, design, and construction costs.

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

The proposed roadway improvements provide safety measures that are considered to be a service to the local city and county populations and all road users. Citizens will see reduced traffic accidents, with lessened severity of injuries.

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

The target population is all citizens and businesses in the region. The existing average annual daily traffic at this intersection is nearly 10,000.

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

1. Reduce number and type of traffic accidents at intersection by 40%  
 2. Reduce severity of injuries by 75%  
 The outcomes will be measured through year-over-year changes in number of traffic accidents, type of accident, and injury sustained by accident.

**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?**

Standard contract penalties are sufficient.

**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



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Other (please specify)

**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**