



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2458

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

**4. Project/Program Description**

This project is designed to upgrade Ride Solution's bus compound. The new facility would functionally serve as needed administrative and training space and allow for restrooms/lockers/breaks during and between shifts. This will also facilitate driver and mechanic recruitment and retention which is a challenge in rural Putnam County. The current facility is in serious disrepair. The bus parking area is terrible, especially when it rains, and upgrades will improve daily operations and efficiency. Ultimately, this will result in improved and more reliable transportation options for citizens of Putnam and surrounding counties seeking health/mental health care, education and employment opportunities, and activities of daily living, all of which will result in improved economic activity for the counties served by The Ride Solution. The construction project itself will result in increased job opportunities.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,100,000
<b>Total State Funds Requested</b>	<b>2,100,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,100,000	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 2023-2024</b>	<b>2,100,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No  Yes

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

9. **Is future funding likely to be requested?**  No  Yes
- 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?**



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

\$4,233,000 was awarded to Ride Solution in CARES/CRRSAA/ARP operating funds which will be fully expended by July 2023. This was operating funding only and was not eligible for capital expenses, which was defined as anything that had a useful life of more than a year.

## 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

**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.**

The owner of the facility is the same as the entity, namely Ride Solution, Inc., a non-profit 501(c)(3). Ride Solution has a seven-member volunteer Board of Directors.

### 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	Demolition of existing building and parking lot in disrepair. Site permitting. Civil and architectural design and construction to grade site, install utilities, lighting, fence, sod and drainage, construct facility and bus wash, and pave parking lot.	2,100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,100,000</b>

### 14. Program Performance

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



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The purpose is to upgrade Ride Solution's bus compound. The new facility would functionally serve as needed administrative and training space and allow for restrooms/lockers/breaks during and between shifts. This will also facilitate driver and mechanic recruitment and retention, which is a challenge in rural Putnam County. The current facility is in serious disrepair. The bus parking area is terrible, especially when it rains, and upgrades will improve daily operations and efficiency.

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

The project will directly benefit the citizens of Putnam and surrounding counties by allowing Ride Solution to increase ride service capacity to citizens through increased driver and mechanic recruitment, hiring and retention, as well as increased operational efficiencies achieved.

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

The physical condition of the current compound degrades employee recruitment and retention which directly impacts the ability to offer convenient transit options for citizens. By upgrading the bus compound, Ride Solution will better serve citizens through expanded and more efficient operations, resulting in increased access by citizens to education, employment, and daily living activities.

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

The target population served by this project is twofold. First, upgrading Ride Solution's bus compound will facilitate driver and mechanic recruitment and retention which is a challenge in rural Putnam County. But ultimately, being able to better serve the citizens of Putnam and surrounding counties with improved transportation options is the bigger targeted population. This can include the elderly, persons in poor mental or physical health seeking care, developmentally or physically disabled, economically disadvantaged persons, those seeking employment or commuting options to existing employment, citizens seeking education opportunities, those seeking transportation to activities of daily living, and citizens with general transportation challenges.

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

The various targeted populations will have improved and more reliable transportation options for seeking health/mental health care, education and employment opportunities, and activities of daily living, all of which result in improved economic activity for the counties served by The Ride Solution. The construction project itself will result in increased job opportunities. Ride Solution will also be able to create new jobs by being better equipped to recruit, hire, and retain drivers and mechanics. Increased routes and operational efficiencies, as well as increased driver and mechanic recruitment, hiring, and retention will result in increased transportation services for citizens, all of which can be measured.

**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?**

Ride Solution, Inc., will provide project status updates and indicate benchmarks met. Funds may be withheld or recouped if the funding is not spent according to the project plan. Any funds not utilized shall be retained by the state or returned to the state.

**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



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#### 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

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number