



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2472

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Design, permitting, construction, post-design services, and CEI of CR 2209 from Silverleaf Parkway to State Road 16. This completes the central segment of CR 2209, providing north-south connectivity. This project will improve traffic and pedestrian safety. Completion of CR 2209 is anticipated to alleviate traffic on I-95, a SIS facility. The project will also feature bike paths, sidewalks, and a multi-use trail.

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 | 10,000,000 |
| Total State Funds Requested | 10,000,000 |

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) | 10,000,000 | 25% |
| Matching Funds | | |
| Federal | 990,000 | 3% |
| State (excluding the amount of this request) | 16,000,000 | 42% |
| Local | 11,300,000 | 30% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 38,290,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 15,000,000 | 2042A | 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.

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

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



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\$106 million in COVID-19 direct and indirect funding for: COVID-19 prevention and mitigation; business and non-profit grant programs; affordable housing; rental assistance; public transit; water and sewer infrastructure; public safety first responder efforts.

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?

7/1/2024

d. What is the estimated completion date of construction?

1/30/26

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.

St. Johns County Board of County Commissioners

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/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Design, permitting, construction, post-design services, and CEI for a 4-lane extension of CR 2209 from Silverleaf Parkway to State Road 16 including a multi-use trail. The project will also make improvements to SR16 from International Golf Parkway to the terminus of CR 2209 as required by FDOT permitting process. | 10,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 10,000,000 |

14. Program Performance

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



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

Programmed funds will alleviate traffic safety concerns and congestion in the county between Silverleaf Parkway and SR 16. This has a direct benefit to the citizens of St. Johns County and those traveling through St. Johns County by improving the transportation system level of service.

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

The direct service provided to citizens will be increased level of service (LOS) after improvements are completed along the CR 2209 and SR 16 corridor.

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

This project will benefit not only the residents of St. Johns County (population 306,841), residents from surrounding counties, and the 7 million tourists who visit St. Augustine each year.

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

The improvements will increase traffic and pedestrian safety, reduce total lost time, and provide an alternate parallel route to Interstate 95. CR 2209 connects the interior of St. Johns County with the future Florida East Coast Expressway. This will strengthen the transportation network within the county, providing access for new and existing businesses to regional assets, such as the JIA & JAXPORT. The outcome will be measured through annual traffic counts along the corridor and reduction of traffic incidents.

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



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2472

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