1. **Title of Project:** City of St. Cloud Downtown Revitalization Phase I
2. **Senate Sponsor:** Victor Torres
3. **Date of Submission:** 11/13/2017
4. **Project/Program Description:**
   Downtown infrastructure improvements including water utility upgrades, sidewalks, historic brick street improvements, streetscape, drainage improvements and engineering for New York Avenue.
5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Economic Opportunity
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,200,000</td>
<td>2,200,000</td>
<td>2,200,000</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>36,000,000</td>
<td>94.2%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36,000,000</td>
<td>94.2%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 38,200,000

9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? **No**
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
   c. What is the most recent fiscal year the project was funded?
   d. Were the funds provided in the most recent fiscal year subsequently vetoed?
   e. Complete the following Worksheet.
Local Funding Initiative Request - Fiscal Year 2018-2019

The Florida Senate

Input Prior FY Appropriation for this project
for FY 2017-18
(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

Input Amounts:

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

   New York Avenue is the main street in historic downtown and is the first phase of our downtown revitalization efforts. City revitalization improvements will involve street reconstruction, reinstalling historic bricks, new sidewalks, street lighting and landscaping. All existing 2" water pipes will be replaced with 8" water pipes to improve service delivery and improve fire fighting capabilities. Also, a functioning storm water system will be installed to alleviate flooding and the erosion of road and sidewalk infrastructure.

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

   Improved public health, safety and well being through upgraded water utility and fire protection, walkability and increased economic opportunities.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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d. **What are the direct services to be provided to citizens by the appropriations project?**

   Improved access and walkability which will foster greater community and visitor engagement; thus increasing retail foot traffic and transactional volume. The enhanced visual and aesthetic qualities will lend itself to the increase in non-local traffic and increased number of visitors. The infrastructure improvements will provide job growth through utilization of outside vendors as well as increased fire safety and protection.

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

   Citizens and visitors of the City of St. Cloud.

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

   Expansion of economic activity through job creation and increased tourism. Improved physical health of residents and greater cultural experience for community and visitors alike. Improved storm water management. These will be measured through the increased economic growth of the downtown area including escalation in pedestrian travel, stakeholder involvement, transactional volume, job creation and decline in accidents, injuries and property loss.

g. **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 in the contract?**

   Withholding of funds.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

   City of St. Cloud

13. **Requestor Contact Information:**

   a. **Name:** William Sturgeon
   b. **Organization:** City of St. Cloud
   c. **Email:** wsturgeon@stcloud.org
   d. **Phone Number:** (407)957-7305
14. **Recipient Contact Information:**
   a. **Organization:** City of St. Cloud
   b. **County:** Osceola
   c. **Organization Type:**
      - [ ] For Profit
      - [ ] Non Profit 501(c) (3)
      - [ ] Non Profit 501(c) (4)
      - [ ] Local Entity
      - [ ] University or College
      - [x] Other (Please specify) Municipality
   d. **Contact Name:** William Sturgeon
   e. **E-mail Address:** wsturgeon@stcloud.org
   f. **Phone Number:** (407)957-7305

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Bill Barrett
   b. **Firm:** Sewell Point Group
   c. **Email:** Bbarrett.spg@gmail.com
   d. **Phone Number:** (321)403-6410