The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: West Spencer Field Road Bicycle/Pedestrian Facilities
2. Senate Sponsor: Doug Broxson
3. Date of Submission: 11/15/2017
4. Project/Program Description:
The requested funds will provide improvements identified as a need for bicycle pedestrian facilities within the Pace-Pea Ridge Bicycle Pedestrian Master Plan Study.
5. State Agency Contacted? No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Transportation
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>50,000</td>
<td>50,000</td>
<td>50,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 50,000
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.
The Florida Senate  
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
<th>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column:</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</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?
      Bicycle Pedestrian facility improvements.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Design and Construction
   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>
<tr>
<td>☐ 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>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

   Bicycle pedestrian safety improvements

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

   5,000 individuals.

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

   Bicycle pedestrian safety to high school students. Reduction of crashes and increased physical activity.

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?

   The standard penalties in place for noncompliance are sufficient.

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.

   Santa Rosa County is both the owner and operator. Residents of the County will receive benefit from the project.

13. Requestor Contact Information:
   a. Name: Shawn Ward
   b. Organization: Santa Rosa County
   c. Email: Shawnw@santarosa.fl.gov
   d. Phone Number: (850)981-7082

14. Recipient Contact Information:
   a. Organization: Santa Rosa County
   b. County: Santa Rosa
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify)
   d. Contact Name: Shawn Ward
e. E-mail Address: Shawnw@santarosa.fl.gov
f. Phone Number: (850)981-7082

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Jon Johnson
   b. Firm: Johnson & Blanton
   c. Email: jon@teamjb.com
   d. Phone Number: (850)224-1900