



# 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:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
|                                 | 50,000                                    | 50,000                                |

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

| Type   | Amount | Percent |
|--|--------|---------|
| Federal                                      | 0      | 0.0%    |
| State (excluding the amount of this request) | 0      | 0.0%    |
| Local  | 0      | 0.0%    |
| Other  | 0      | 0.0%    |
| TOTAL  | 0      | 0.0 %   |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 50,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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|                               |   |  |   |
|-------------------------------|---|--|---|
| <b>FY:</b>                    | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b><br>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>                | <b>A</b>  | <b>B</b>                                   | <b>C</b>  |
| <b>Funds<br/>Description:</b> | <b>Prior Year<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(Column A + Column B)</b> |
| <b>Input Amounts:</b>         |   |  |   |

### 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?

| Spending Category  | Description | Amount |
|--|-------------|--------|
| Administrative Costs   |             |        |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits |             |        |
| <input type="checkbox"/> Other Salary and Benefits                           |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |
| <input type="checkbox"/> Consultants/Contracted Services/Study               |             |        |
| Operational Costs  |             |        |
| <input type="checkbox"/> Salary and Benefits                                 |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |
| <input type="checkbox"/> Consultants/Contracted Services/Study               |             |        |



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|   |  |        |
|---|--|--------|
| Fixed Capital Construction/Major Renovation   |  |        |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Design and Construction of bike/ped improvements | 50,000 |
| TOTAL   |  | 50,000 |

**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



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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