Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: US 98 Inlet Beach Pedestrian Crossing

Senate Sponsor: George Gainer
 Date of Submission: <u>11/18/2017</u>

4. Project/Program Description:

Funding will allow Walton County to construct a much needed pedestrian crossing at the very busy intersection of US Hwy 98 and CR 30A E.

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? <u>Department of Transportation</u>

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
	2,000,000	2,000,000

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

Туре	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): 2,000,000

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.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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

Yes

a. If yes, indicate non-recurring amount per year.

_Funding may be requested for future phases of the overall project. No operating cost will be requested.

11. Program Performance:

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

_Provide a pedestrian crossing at a very busy intersection (US Hwy 98 and CR 30A E).

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

Non-motorized vehicle and pedestrian infrastructure.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		



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□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Construction	2,000,000
TOTAL		2,000,000

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

Non-motorized vehicles and pedestrian infrastructure.

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

The general public.

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

Non-motorized vehicle and pedestrian infrastructure.

- 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.

Walton County

13. Requestor Contact Information:

a. Name: Cecilia Jones

b. Organization: Walton County Board of County Commissioners

c. Email: joncecilia@co.walton.fl.usd. Phone Number: (850)892-8155

14. Recipient Contact Information:

a. Organization: Walton County Board of County Commissioners

b. County: Waltonc. Organization Type:

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

Local Entity



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O University or CollegeO Other (Please specify)

d. Contact Name: Melinda Gates

e. E-mail Address: gatmelinda@co.walton.fl.us

f. Phone Number: (850)892-8108

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: <u>Kelly Horton</u>b. Firm: <u>Heffley Associates</u>

c. Email: kelly@heffleyassociates.com
d. Phone Number: (850)251-8400