1. **Title of Project:** Northwest Industrial Business Park Access Road

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**
   Construction of an access road that will create jobs and ease transportation concerns in a business hub.

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>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</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>322,000</td>
<td>24.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>322,000</td>
<td>24.4 %</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,322,000

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:

<table>
<thead>
<tr>
<th>10. Is future-year funding likely to be requested?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

#### 11. Program Performance:

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

   Funds would support the construction of an access road to create new commercial development and connect to existing commercial development parcels. A 3,000 foot roadway would be built connecting the DeLand Municipal Airport Business Park's NW Industrial Park to SR 11 creating a freight friendly northern entrance to the Airport Business Park and facilitating the potential to create a public/private partnership to establish an approximately 160 acre light manufacturing/industrial park expansion.

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

   Access road will provide emergency access to existing businesses located in the Northwest Industrial Business Park and the road will create access to additional land for commercial development and economic growth.

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?
   Economic development and emergency access to an up and coming commercial hub.

e. Who is the target population served by this project? How many individuals are expected to be served?
   DeLand and Volusia County residents. Possibly Lake and Flagler and Seminole Counties as well.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   A completed access road. Construction completion milestones will be what is measured.

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?
   Revocation of funding based upon the percentage of the project not completed as specified.

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 DeLand

13. Requestor Contact Information:
   a. Name: Michael Grebosz
   b. Organization: City of DeLand
   c. Email: greboszm@deland.org
   d. Phone Number: (386)626-7110

14. Recipient Contact Information:
   a. Organization: City of DeLand
   b. County: Volusia
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Michael Grebosz
e. E-mail Address: greboszm@deland.org
f. Phone Number: (386)626-7110

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: None
   b. Firm: None
   c. Email:
   d. Phone Number: