1. **Title of Project:** TBARTA Regional Transit Development Plan
2. **Senate Sponsor:** Bill Galvano
3. **Date of Submission:** 11/20/2017
4. **Project/Program Description:**
The Tampa Bay Area Regional Transportation Authority (TBARTA) Regional Transit Development Plan.
5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Transportation
   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>1,000,000</td>
<td></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>200,000</td>
<td>16.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>200,000</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,200,000
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.

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
</table>
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

(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?

Meeting the statutory requirement of developing the Regional Transit Development Plan for the 5 county service area of TBARTA.

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

Meeting the statutory requirement of developing the Regional Transit Development Plan for the 5 county service area of TBARTA.

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>RFP process, scope development, project management, and interagency coordination.</td>
<td>56,000</td>
</tr>
<tr>
<td>☑ Other Salary and Benefits</td>
<td>Additional staff and technical support; financial administration and monitoring.</td>
<td>141,000</td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel expenses, printing, office materials.</td>
<td>3,000</td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

A Regional Transit Development Plan that will identify opportunities for strategic investments to connect transit services and communities to Regional Activity Centers, and cross counties to provide congestion relief.

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

All 3.4 million residents of Hernando, Pasco, Pinellas, Hillsborough, and Manatee Counties.

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

Identify investment opportunities, funding sources, needed services for regional transit, and implementation of the Tampa Bay Regional Transit Feasibility Plan. Methodology for measuring outcomes will include quantification of public participation and input into the plan, ensuring it is representative of the needs of the region; identification and securing of funding and improving existing, as well as new, and demonstration projects; and indicating the effectiveness and efficiency of the current transit network, with the goal of identifying short term and long term goals for improvement.

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?
Withdrawal or reduction 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.
N/A

13. Requestor Contact Information:
   a. Name: Ramond Chiaramonte
   b. Organization: Tampa Bay Area Regional Transit Authority
   c. Email: ramond.chiaramonte@tbarta.com
   d. Phone Number: (813)282-8200

14. Recipient Contact Information:
   a. Organization: Tampa Bay Area Regional Transit Authority
   b. County: Hernando, Hillsborough, Manatee, Pasco, Pinellas
   c. Organization Type:
      □ For Profit
      □ Non Profit 501(c) (3)
      □ Non Profit 501(c) (4)
      □ Local Entity
      □ University or College
      ☑ Other (Please specify) TBARTA is an Independent Special District of the State of Florida
   d. Contact Name: Michael Case
   e. E-mail Address: michael.case@tbarta.com
   f. Phone Number: (813)282-8200

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