



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Interconnecting Pinellas - Connected Vehicle Test Corridor

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 12/20/2017

4. **Project/Program Description:**

Construct a comprehensive smart corridor for field testing of Connected Vehicle, communication options, safety, security and smart technologies.

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:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	6,000,000	6,000,000

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	2,000,000	25.0%
Other	0	0.0%
TOTAL	2,000,000	25.0 %

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

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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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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 Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (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?

Implement connected vehicle infrastructure to enhance funded ITS projects.

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

Communication technologies, connected vehicles, smart street lighting, bike/ped safety tools.

#### 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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Design 15%	1,200,000
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	Construction 85%	6,800,000
TOTAL		8,000,000

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

More efficient, effective, safe and secure transportation system for all modes and users.

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

Public, residents, and visitors.

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

Provide a connected, smart corridor for field testing enhanced transportation options and technological advancement to expand efficiencies.

**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?**

Grant approvals and allocations should be based on the ability and success of the grantee to deliver projects on-time and anticipated performance improvements. If these are not met future appropriations and approvals should be withheld.

**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.**

Pinellas County

**13. Requestor Contact Information:**

- a. **Name:** Ken Jacobs
- b. **Organization:** Pinellas County
- c. **Email:** kjacobs@pinellascounty.org
- d. **Phone Number:** (727)464-8928

**14. Recipient Contact Information:**

- a. **Organization:** Pinellas County
- b. **County:** Pinellas
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

☐ University or College

☐ Other (Please specify)

**d. Contact Name:** Ken Jacobs

**e. E-mail Address:** kjacobs@pinellascounty.org

**f. Phone Number:** (727)464-8928

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

**a. Name:** Martha Edenfield

**b. Firm:** Dean Mead

**c. Email:** MEdenfield@deanmead.com

**d. Phone Number:** (850)999-4100