1. **Title of Project:** City of Bunnell Unpaved Roads Improvements

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**
   Paving of currently unpaved roads to enrich city commerce.

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>22,500</td>
<td>427,500</td>
<td>450,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 450,000

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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 4
## 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?

   Yes

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

   50,000

11. Program Performance:

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

   Open additional commerce opportunities to a rural area, and improve accessibility.

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

   Additional accessibility to encourage new business development.

   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>Planning, bid management, and coordination of resources.</td>
<td>22,500</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>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**
   
The possibilities are boundless; having newly developed areas opens the doors to many businesses.

e. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   Jobless persons, economically disadvantaged persons, businesses and perspective business owners.

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

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?**
   
   Withhold state 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.
   
   The City of Bunnell

13. **Requestor Contact Information:**
   
a. **Name:** Daniel E. Davis  
b. **Organization:** City of Bunnell  
c. **Email:** davis@bunnellcity.us  
d. **Phone Number:** (386)437-7500

14. **Recipient Contact Information:**
   
a. **Organization:** City of Bunnell  
b. **County:** Flagler  
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: Daniel E. Davis
e. E-mail Address: ddavis@bunnellcity.us
f. Phone Number: (386)437-7500

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