



# The Florida Senate

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

1. **Title of Project:** County Road 220 Capacity Improvements

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Design funding for roadway widening and reconstruction from a 2-lane rural road to a 4-lane divided urban road from State Road 21 to W. of Henley Road.

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
	4,000,000	4,000,000

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	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):** 4,000,000

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?

Provide transportation capacity and safety improvements along County Road 220.

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

Survey, PD&E/engineering, and environmental services.

#### 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 type="checkbox"/> Consultants/Contracted Services/Study		
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	Survey, PD&E/engineering, and environmental services.	4,000,000
TOTAL		4,000,000

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

Capacity improvement to a public transportation corridor.

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

The target population is the residents of Fleming Island, Lake Asbury and Middleburg areas. Estimated individuals served is 35,000.

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

The project will reduce congestion on the state highway system as well provide transportation safety improvements.

**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?**

Standard agency penalty

**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.**

Clay County is the owner and maintaining agency of this roadway

**13. Requestor Contact Information:**

- a. **Name:** Stephanie Kopelousos
- b. **Organization:** Clay County Board of County Commissioners
- c. **Email:** Stephanie.kopelousos
- d. **Phone Number:** (904)657-1736

**14. Recipient Contact Information:**

- a. **Organization:** Clay County Board of County Commissioners
- b. **County:** Clay
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College



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☐ Other (Please specify)

**d. Contact Name:** Stephanie Kopelousos

**e. E-mail Address:** Stephanie.kopelousos

**f. Phone Number:** (904)657-1736

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

**a. Name:** Joe Mobley

**b. Firm:** The Fiorentino Group

**c. Email:** joe@thefiorentinogroup.com

**d. Phone Number:** (904)866-3122