

LFIR # 2319

Project Title	Mutter Road - St Cloud				
	Widter Road - St Cloud				
Senate Sponsor	Victor Torres				
Date of Request	10/21/2019				
Project/Program	Description				
another east west corr	terminates at the intersection of Kincaid Stridor connecting Old Canoe Creek Road a Cloud Hospital. This hospital has requeste	and Budinger Avenue. This	connection will allow for a secondary		
	·	artment of Transporta	tion		
State Agency cont	onrecurring Request for Fiscal	Voar 2020-2021			
Type of Funding	<u> </u>	Amount			
Operations	5	000			
Fixed Capital Ou	utlay	1,900,000			
Total State Fun	•	1,900,000			
Total Project Cos	et for Fiscal Year 2020-2021 (inc	cluding matching fu	nds available for this project		
<b>,</b>	-		94.0 %		
Total State Fund	s Requested (from question #6)	1900000	0 1.0 /0		
Total State Fund  Matching Funds	s Requested (from question #6)	1900000	0 1.0		
	,	1900000	0 %		
Matching Funds Federal	,				
Matching Funds Federal	S	00	0 %		
Matching Funds Federal State (excluding	S	00	O % O %		
Matching Funds Federal State (excluding	S	00	0 %		
Matching Funds Federal State (excluding Local Other	S	00 00 111,234	0 %		
Matching Funds Federal State (excluding Local Other Total Project Co	the amount of this request)  osts for Fiscal Year 2020-2021  previously received state funding most recent instance:	00 00 111,234 00 2,011,234 ng? Yes • N	0 % 0 % 6 % 0 % 100 %		
Matching Funds Federal State (excluding Local Other Total Project Co	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state funding most recent instance:  Amount	00 00 111,234 00 2,011,234 ng? Yes • N	0 % 0 % 6 % 0 % 100 %		
Matching Funds Federal State (excluding Local Other Total Project Co Has this project p If yes, provide the	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state funding most recent instance:  Amount	00 00 111,234 00 2,011,234 ng? Yes • N	0 % 0 % 6 % 0 % 100 %		



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
·		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construc</b>	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Current construction engineering estimate is \$1.9 million. Engineering cost of \$111,234.	1,900,000
Total State Funds Re	quested (must equal total from question #6)	1,900,000



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۱.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	This project will provide an secondary connection point for the St. Cloud Hospital. It will also provide connectivity for the local roadway and pedestrian network.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	The construction of a two lane roadway, pedestrian conveyance, and all other associated infrastructure.
C.	What direct services will be provided to citizens by the appropriation project?
	Additional pedestrian and vehicle mobility.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	General population will be served by this project. The City of St. Cloud currently has a population of over 50,000 citizens.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Additional two-lane roadway and pedestrian conveyance with associated infrastructure.
f.	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?
	Liquidated damages could be assessed for delayed project timeline.



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	City of St. Cloud.			
Requ	uestor Contact	Information		
a. F	rirst Name	William	Last Name	Sturgeon
o. C	Organization	City of St. Cloud		
c. E	-mail Address	WSturgeon@stcloud.org		
d. F	Phone Number	(407)957-7301	Ext.	
Reci	pient Contact	Information		
a. O	rganization	City of St. Cloud		
b. M	lunicipality and	County Osceola		
c. O	rganization Typ	pe		
	For-profit E	ntity		
	Non-Profit 8	501(c) (3)		
	Non-Profit 5	501(c) (4)		
	Local Entity	,		
	University of	or College		
	Other (plea	se specify)		
d. F	irst Name	William	Last Name	Sturgeon
e. E	-mail Address	WSturgeon@stcloud.org		
	hone Number			
Lobl	byist Contact I	nformation		
a. N	lame	None		
b. F	irm Name	None		
	-mail Address			