

1. Project Title

Segment 3

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Collier County - Oil Well Road (CR 858) Shoulder Improvements -

LFIR # 3184

| 2. § | Senate Sponsor | Kathleen Passidomo | | | | | | |
|-------------|--|-----------------------------|--------------|-----------------------------|--------------------|-------------|--|--|
| 3. [| Date of Request | 02/07/2023 |] | | | | | |
| 4. F | Project/Program D | escription | | | | | | |
| 1 1 1 | Improve safety on Oil Well Road (CR 858) - Segment 3, by widening the existing traffic lanes from 10 feet to 12 feet, and provide five-foot-wide paved shoulders with incidental drainage work on both sides of the road. This narrow roadway is heavily used by residents, visitors, and for commercial activities. Currently, there is no street lighting or paved shoulders for driver safety during vehicular breakdowns nor to provide for the safety of law enforcement to perform traffic stops. This roadway does not provide cyclists the option of operating outside of the travel lane. Unpaved edges of the road can also settle and erode creating a drop-off that is dangerous to all users. | | | | | | | |
| 5. 8 | . State Agency to receive requested funds Department of Transportation | | | | | | | |
| S | State Agency conta | acted? No | | | | | | |
| 6. A | Amount of the Non | recurring Request for Fisc | cal Year 202 | 23-2024 | | | | |
| | Type of Funding | 3 14 | | Amo | unt | | | |
| | Operations | | | Allio | 0 | | | |
| | Fixed Capital Outlay | / | | | 1,120,000 | | | |
| | Total State Funds | | | | 1,120,000 | | | |
| | Type of Funding | for Fiscal Year 2023-2024 | including in | Amount | Percentage | :ct) | | |
| | Total State Funds Requested (from question #6) | | | 1,120,000 | 70% | | | |
| | Matching Funds | | | , , , | | | | |
| F | Federal | | | 0 | 0% | | | |
| 5 | State (excluding the amount of this request) Local | | | 0 | 0% | | | |
| L | | | | 480,000 | | | | |
| (| Other | | | 0 | 0% | | | |
| - | Total Project Costs | s for Fiscal Year 2023-202 | 4 | 1,600,000 | 100% | | | |
| 8. H | Has this project pr | eviously received state fu | nding? | No | | | | |
| | Fiscal Year (уууу-уу) | Amount Recurring Nonr | ecurring | Specific Appropriation # | Vetoed | | | |
| | | | | | | | | |
| 9. I | s future funding li | kely to be requested? | | No | | | | |
| á | a. If yes, indicate n | nonrecurring amount per y | ear. | | | | | |
| ı | b. Describe the source of funding that can be used in lieu of state funding. | | | | | | | |
| , [| | | | | | | | |
| L | | | | | | | | |
| 10. | Has the entity req | uesting this project receiv | ed any fed | eral assistance rela | ted to the COVID-1 | 9 pandemic? | | |



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| | |
| No | |
| If yes, indicat | e the amount of funds received and what the funds were used for. |
| | |

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?
 - b. Is the project "shovel ready" (i.e permitted)?
 - c. What is the estimated start date of construction?
 - d. What is the estimated completion date of construction?

Yes

June 1, 2023

September 30, 2023

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

| C.c | llier | County | Govern | ment |
|-----|-------|--------|--------|------|
| | | | | |

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | | | |
|--|--|-----------|--|--|--|
| Administrative Costs: | | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | | |
| Other Salary and Benefits | | 0 | | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | | 0 | | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | | |
| Consultants/Contracted Services/Study | CEI Consulting Services | 112,000 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Construction of safety improvements on Oil Well Road (CR 858) Segment 3, by widening the existing traffic lanes and providing paved shoulders. | 1,008,000 | | | |
| Total State Funds Requested (must equal total from question #6) 1,12 | | | | | |

14. Program Performance

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



15.

16.

□University or College

□Other (please specify)

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Improve safety on Oil Well Road (CR 858) - Segment 3, by widening the existing traffic lanes from 10 feet to 12 feet, and provide five-foot-wide paved shoulders with incidental drainage work on both sides of the road. The limits of the project are from approximately 0.943 miles east of Camp Keais Road to approximately 1.585 miles east of Camp Keais Road.

| b. What activities | and services will be prov | vided to mee | t the intended purpose | of these funds? | |
|--|---|-----------------------------|---------------------------|---------------------------------------|--|
| The project has completed the design stage and is ready to go into the letting phase. Collier County will bid the project and execute a construction contract with the lowest/qualified bidder. CEI services will be provided by the Consulting Firm via a Work Order under an annual agreement or a formal RFP process. | | | | | |
| c. What direct ser | vices will be provided to | citizens by t | he appropriation projec | t? | |
| Direct services wil | l include added road capa | city, increase | d safety, and automobile | accident reduction. | |
| d. Who is the targ | et population served by | this project? | How many individuals | are expected to be served? | |
| The target popular | tion is the eastern area of | Collier county | , an estimated population | of more than 30,000. | |
| e. What is the exp be measured? | ected benefit or outcome | e of this proj | ect? What is the method | dology by which this outcome will | |
| Safety improveme | nts along Oil Well Road (0nts, and provide for a safe | CR 858) - Seg r facility | ment 3, will provide more | capacity, reduce the number of | |
| f. What are the su | <u>'</u> | ne contractin | | in addition to its standard penalties | |
| Withdrawal of son | ne or all appropriated fund | s for failing to | meet agreed-upon delive | rables or performance measures. | |
| Requester Contact | Information | | | | |
| a. First Name | Bill | Last Name | McDaniel | | |
| b. Organization | Collier County Board of C | County Comm | issioners | | |
| c. E-mail Address | bill.mcdaniel@colliercour | ntyfl.gov | | | |
| d. Phone Number | (239)252-8605 | Ext. | | | |
| Recipient Contact | Information | | | | |
| a. Organization | Collier County Board of C Commissioners | County | | | |
| b. Municipality and | County Collier | | | | |
| c. Organization Ty | pe | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(c | :)(3) | | | | |
| □Non Profit 501(c)(4) | | | | | |
| ☑Local Entity | | | | | |



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| d. First Name | Julio | Last Name | Ordonez | | | |
|----------------------------------|-----------------------------------|-----------|---------|--|--|--|
| e. E-mail Address | Julio.Ordonez@colliercountyfl.gov | | | | | |
| f. Phone Number | (239)227-8327 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | Lisa M. Hurley | | | | | |
| b. Firm Name | Smith Bryan & Myers Inc | | | | | |
| c. E-mail Address | lhurley@smithbryanandm | yers.com | | | | |
| d. Phone Number | (850)224-5081 | | | | | |