



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1985

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Continued growth to the southwest of Windermere has increased the cut-through traffic through Town. 75% of the cut-through traffic is generated by neighboring communities. Traffic congestion continues to increase along roads such as 6th Avenue, Main Street, and Chase Road. Congestion has become an unavoidable problem for drivers, particularly during peak hours. The goal of this project will be to reduce the cut-through traffic on local roads and ease the traffic congestion that currently exists.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
<b>Total State Funds Requested</b>	<b>1,500,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,500,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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If yes, indicate 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?

- Planning   
  Design   
  Construction

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?

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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Intersection Improvements. Currently there is a 4 way stop. To improve the flow and eliminate metering we will add continuous lanes and roundabout.	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

### 14. Program Performance

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

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



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**c. What direct services will be provided to citizens by the appropriation project?**

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

Town of Windermere and surrounding area. 25,000+

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

Increased level of service in the roadways. Reduce the traffic for the entire surrounding area. Ensure safe streets and roads on sidestreets used for cut thru traffic.

**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 the contract?**

Liquidated damages.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

**17. Lobbyist Contact Information**



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<b>a. Name</b>	<input type="text" value="None"/>
<b>b. Firm Name</b>	<input type="text" value="None"/>
<b>c. E-mail Address</b>	<input type="text"/>
<b>d. Phone Number</b>	<input type="text"/>