



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Motorcycle Safety and Education

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 10/30/2017

4. **Project/Program Description:**

Providing safety information on billboards and radio ads, and providing safety supplies.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Highway Safety and Motor Vehicles

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
300,000		300,000

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):** 300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		300,000	300,000

10. Is future-year funding likely to be requested?

Yes

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

300,000

11. Program Performance:

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

Motorcycle Safety and Awareness.

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

Billboard ads, Radio ads, Safety Supplies and equipment.

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		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Billboard ads, Radio ads, safety supplies and equipment	300,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

To educate the public and save lives through advertisement and events.

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

Citizens who live and those who travel on the roads in the State of Florida.

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

Reduce the number of traffic deaths.

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?

None

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.

None

13. Requestor Contact Information:

- a. **Name:** James Reichenbach II
- b. **Organization:** Abate of Florida, Inc.
- c. **Email:** abatefl@att.net
- d. **Phone Number:** (352)362-2150

14. Recipient Contact Information:

- a. **Organization:** Abate of Florida, Inc.
- b. **County:** Statewide
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: James Reichenbach II

e. E-mail Address: abatefl@att.net

f. Phone Number: (352)362-2150

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

a. Name: James Reichenbach

b. Firm: Reichenbach Lobbying Service

c. Email: abatefl@att.net

d. Phone Number: (352)362-2150