



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** 30 A Mobility

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Construction and equipment required to begin delivery of multimodal transit operations to CR 30 A in Walton County.

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
1,720,000	240,000	1,960,000

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	120,000	5.8%
Other	0	0.0%
TOTAL	120,000	5.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,080,000

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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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:			

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

Yes

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

Approximately \$3-5,000,000 per year

11. Program Performance:

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

The construction and purchase of the required equipment for successful long-term operations of multimodal transit on CR 30 A in Walton County, including Right of Way needs, drainage and roadway improvements.

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

Provide initial improvements at 3 park and ride locations, including minor infrastructure improvements, gravel parking facilities, and an "operations center" at each of the three sites to provide riders with facilities while they wait for the shuttle. Where feasible, provide Automated Vehicle (AV) shuttles on a limited basis.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Where feasible, provide Automated Vehicle shuttles on a limited basis and associated operating expenses. Services	720,000



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	may be a lease or a concessionaire approach to the equipment and the service.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Following successful completion of the Phase 1 – feasibility study, Phase 2 of the project will be the subject of this request. Phase 1 concluded that multi modal AV assisted transit is feasible. Phase 2 is the initial design of the infrastructure required for successful long-term operations, including Right of Way needs, drainage and roadway improvements.	1,000,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Provide initial improvements at 3 park and ride locations, including minor infrastructure improvements and gravel parking facilities and an “operations center” at each of the three sites to provider riders with input and facilities while they wait for the shuttle.	240,000
TOTAL		1,960,000

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



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

The local workforce, daily commuters, and tourists.

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

Increased public safety, economic expansion and increased employment and tourism. Measurements include crash data, employment and tourism data, and the number of new businesses created.

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?

Forfeiture of unearned proceeds as described by FL DOT guidelines and in Walton County vendor contracts.

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.

Walton County

13. Requestor Contact Information:

- a. **Name:** Cecelia Jones
- b. **Organization:** Walton County FL, Board of County Commissioners
- c. **Email:** joncecilia@co.walton.fl.us
- d. **Phone Number:** (850)892-4020

14. Recipient Contact Information:

- a. **Organization:** Walton County FL, Board of County Commissioners
- b. **County:** Walton
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Dede Hinote
- e. **E-mail Address:** Deputy Administrator
- f. **Phone Number:** (850)892-8155

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

- a. **Name:** Jay Liles
- b. **Firm:** Andrew J. Liles



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c. Email: 30ajay@Seasideinstitute.org

d. Phone Number: [\(850\)294-5004](tel:(850)294-5004)