



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Belle Glade SW Avenue F from Main Street/SR80 W to SW 8th St

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Street Reconstruction Project

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
	1,400,000	1,400,000

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):** 1,400,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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?

No

11. Program Performance:

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

The revitalization of the streets and the area around Avenue F are getting revitalized. Avenue F is in the Southwest section of the area where the City of Belle Glade is presently focusing its revitalization and post hurricane rebuilding efforts. The area has been economically depressed for some time, however, the recent hurricane and subsequent flooding made the situation much worse.

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

The City will continue to offer any and all economic incentives and to maintain its efforts to increase incentives for investment in the service sector within the city, as it has for nearly a decade.

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 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	Construction and Engineering	1,400,000
TOTAL		1,400,000

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

Improved Transportation

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

Residents of the City of Belle Glade

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

1. Improved Transportation (Traffic Data) 2. Increased Economic Activity (New businesses) 3. Increased Economic Self-Sufficiency (Ability to travel to and from place of employment)

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?

All available penalties under F.S. including criminal prosecution

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.

City of Belle Glade

13. Requestor Contact Information:

- a. Name: Lomax Harrelle
- b. Organization: City of Belle Glade
- c. Email:
- d. Phone Number: (561)992-1601

14. Recipient Contact Information:

- a. Organization: City of Belle Glade
- b. County: Palm Beach
- 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: Lomax Harrelle

e. E-mail Address:

f. Phone Number: (561)992-1601

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

a. Name: Sebastian Aleksander

b. Firm: The Aleksander Group

c. Email: sebastian@aleksandergroup.com

d. Phone Number: (850)459-1559