



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** U.S. 301/U.S. 98/Clinton Avenue Intersection Realignment PD&E

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

Intersection Realignment/Project Development & Environmental Study

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 Transportation

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
	1,000,000	1,000,000

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):** 1,000,000

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) 1

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:		1,000,000	1,000,000

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 study seeks to eliminate the current intersection offset of these two arterial roadways; facilitate east/west travel; maximize the impact of the current investment for the Clinton Ave extension west of U.S. 301 that is currently underway; and improve safety.

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

This project will begin a Project Development and Environmental (PD&E) Study to evaluate potential alignment, impacts and feasibility of realigning the existing intersection of Clinton Avenue (CR 52A) at U.S. 301 and U.S. 98.

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	Project Development & Environment (PD&E) Study	1,000,000
TOTAL		1,000,000

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

Traveling public

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

Pasco, Polk, and Hillsborough counties. More than 800 individuals.

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

Safety. The study will be measured by crash reductions.

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?

withhold funding

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.

Pasco County Board of County Commissioners.

13. Requestor Contact Information:

- a. **Name:** Margaret Smith
- b. **Organization:** Pasco County Engineering Services
- c. **Email:** MWSmith@pascocountyfl.net
- d. **Phone Number:** (727)847-8140 Ext. 7452

14. Recipient Contact Information:

- a. **Organization:** Pasco County Board of County Commissioners
- b. **County:** Pasco
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity



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University or College

Other (Please specify)

d. Contact Name: Craig Casper

e. E-mail Address: CCasper@pascocountyfl.net

f. Phone Number: (727)847-8140 Ext. 8230

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

a. Name: Ralph Lair

b. Firm: Pasco County Board of County Commissioners

c. Email: RLair@pascocountyfl.net

d. Phone Number: (352)521-5116