



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Apopka Harmon Road Extension

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

Roadway Extension.

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	250,000	20.0%
Other	0	0.0%
TOTAL	250,000	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,250,000

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?

No

11. Program Performance:

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

Harmon Road will connect Marden Road and SR 417 to Ocoee Apopka Road and the new Hospital.

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

A new roadway extension will provide much needed access to the new Hospital district from SR 417.

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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of New Roadway Extension	1,000,000
TOTAL		1,000,000

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

Direct access from the SR 417 to the new Hospital District.

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

Existing residents, the new Hospital and future businesses and residents. It is anticipated thousands of people visiting, working and living in this area will benefit. The area is anticipated to grow because of the new Hospital draw.

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

Better access to the area, especially the new Hospital and anticipated support businesses. Traffic counts.

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?

Standard penalties are acceptable.

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 Apopka.

13. Requestor Contact Information:

- a. **Name:** Mayor Joseph Kilsheimer
- b. **Organization:** City of Apopka
- c. **Email:** jkilsheimer@apopka.net
- d. **Phone Number:** (407)703-1701

14. Recipient Contact Information:

- a. **Organization:** City of Apopka
- b. **County:** Orange
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College



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Ⓒ Other (Please specify) Municipality

d. Contact Name: Glenn A. Irby

e. E-mail Address: girby@apopka.net

f. Phone Number: (407)703-1750

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

a. Name: Chris Carmody

b. Firm: Gray Robinson

c. Email: chris.carmody@gray-robinson.com

d. Phone Number: (352)514-2196