



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2201

1. Title of Project: W. Cervantes Street Pedestrian Safety Improvements

2. Senate Sponsor: Doug Broxson

3. Date of Submission: 02/19/2019

4. Project/Program Description:

The project will provide corridor safety improvements including lighting, crosswalks, enhancements, mid-block crosswalks and pedestrian refuge areas. The project extends from Dominguez Street to "A" Street.

5. State Agency to receive requested funds : Department of Transportation

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	1,000,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Construction	1,000,000
Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

This request for funds will support pedestrian safety improvements along this busy state highway corridor. This project will greatly reduce pedestrian related crashes.

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

Construction and construction engineering inspection services

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

The citizens of the state and region will benefit from having a safer transportation corridor that provides for safer pedestrian access across this busy state roadway.

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

Approximately 19,300 people a day would be served by these improvements. This number is based on the Department of Transportation, 2017 daily traffic count information showing the average daily vehicle volume is 18,900, plus another 400 pedestrians/bicyclists.

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

The expected benefit is greatly improved pedestrian safety. The safety benefit will be measured by comparing year-to-year reported cash numbers.

f. 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?

The agency's standard contract penalties are sufficient.

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.

Florida Department of Transportation

13. Requestor Contact Information:

a. Name: Amy Lovoy

b. Organization: Escambia County



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c. **E-mail Address:** allovoy@myescambia.com

d. **Phone Number:** (850)595-3936

14. Recipient Contact Information:

a. **Organization:** Escambia County

b. **County:** Escambia

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:** Amy Lovoy

e. **E-mail Address:** allovoy@myescambia.com

f. **Phone Number:** (850)595-3936

15. Lobbyist Contact Information

a. **Name:** Richard Gentry

b. **Firm Name:** Gentry and Associates, LLC.

c. **E-mail Address:** rgentry@comcast.net

d. **Phone Number:** (850)251-1837