The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

1. **Title of Project:** Transportation Mobility and Traffic calming Project

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 02/04/2019

4. **Project/Program Description:**
   A city-wide safety study will be conducted. Once the analysis of need is evaluated city staff will move forward with design, traffic calming devices installation, bike lane installation, and ADA compliance. Construction costs will also be part of the scope of work. The Transportation Mobility Improvement Project involves the installation of traffic calming devices coupled with traffic/pedestrian safety features and signage. The objective of traffic calming will be to slow traffic down as pedestrians travel on the sidewalk and bicyclists travel on the roadway. Way finding signage can also be integrated into the project to educate drivers and reduce vehicular speeding.

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

6. **State Agency Contacted?** No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,000,000</td>
<td>50.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>1,000,000</td>
<td>50.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>1,000,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

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

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Executive Director/Project Head Salary and Benefits**

| Other Salary and Benefits |  
| Expense/Equipment/Travel/Supplies/Other |  
| 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 Engineering | Safety study, design and construction costs. | 1,000,000 |

**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?**

   Purpose of this project is to enhance safety and transportation within the city.

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

   Traffic calming devices installation, bike lane installation, and ADA compliance.

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

   Safety and transportation enhancement.

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

   The general public

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

   The number of crashes and accident related injuries.

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?**

   Standard contract penalties.

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 Lauderdale Lakes

13. Requestor Contact Information:

   a. **Name:** Phil Alleyne
   
   b. **Organization:** City of Lauderdale Lakes
c. **E-mail Address:** palleyne@lauderdalelakes.org  
d. **Phone Number:** (954)535-2740

14. **Recipient Contact Information:**  
   a. **Organization:** City of Lauderdale Lakes  
   b. **County:** Broward  
   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:** Peggy Castano  
   e. **E-mail Address:** peggyc@lauderdalelakes.org  
   f. **Phone Number:** (954)535-2717

15. **Lobbyist Contact Information**  
   a. **Name:** Yolanda Cash Jackson  
   b. **Firm Name:** Becker and Poliakoff  
   c. **E-mail Address:** mbailey@beckerlawyers.com  
   d. **Phone Number:** (954)364-6094