1. **Title of Project:** School Sidewalks and Safety Enhancements

2. **Senate Sponsor:** Janet Cruz

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**
   Support Hillsborough County’s transportation plan and community Vision Zero Action Plan to provide safer, more convenient and comfortable walking, cycling, access to transit, and safer routes to and from school for students.

5. **State Agency to receive requested funds:** Department of Transportation
   
   State Agency Contacted? No

6. **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>$2,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>$2,000,000</strong></td>
</tr>
</tbody>
</table>

7. **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>$2,000,000</td>
<td>88.89%</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>$250,000</td>
<td>11.11%</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><strong>$250,000</strong></td>
<td><strong>100.0%</strong></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**

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | **Administrative Costs:** |             |        |
    | Executive Director/Project Head Salary and Benefits | | |
    | Other Salary and Benefits | | |
    | Expense/Equipment/Travel/Supplies/Other | | |
11. Program Performance:

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

Support the county’s transportation plan and community Vision Zero Action Plan to provide safer, more convenient and comfortable walking, cycling, access to transit, and safer routes to and from school for students.

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

Enhanced safety means to get to and from school other than by motor vehicle including the lack of school bus services within a two mile radius of schools.

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

Construction of sidewalks, lighting, marked crosswalks, warning devices, and other pedestrian and bicycling safety enhancement near schools.

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

Grade school and high school students

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

Amount of increased walking by students as result of new sidewalks and safety enhancements. The number of students being transported before enhancement that shifted to walking and total new miles being walked by students.

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.

Hillsborough County

13. Requestor Contact Information:

a. Name: Jim Hudock
b. **Organization:** Hillsborough County Public Works  
c. **E-mail Address:** hudockj@HCFLGov.net  
d. **Phone Number:** (813)274-6789

14. **Recipient Contact Information:**  
a. **Organization:** Hillsborough County  
b. **County:** Hillsborough  
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:** Jim Hudock  
e. **E-mail Address:** hudockj@HCFLGov.net  
f. **Phone Number:** (813)274-6789

15. **Lobbyist Contact Information**  
a. **Name:** Jim Taylor  
b. **Firm Name:** Hillsborough County Board of County Commissioners  
c. **E-mail Address:** taylorj@HCFLGov.net  
d. **Phone Number:** (813)274-6789