1. **Title of Project:** Abate of Florida, Inc. Motorcycle Safety Awareness

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 01/17/2019

4. **Project/Program Description:**
   Education through videos, radio ads, billboards, handouts, seminars in schools, and civic organizations on motorcycle safety.

5. **State Agency to receive requested funds:** Department of Highway Safety and Motor Vehicles  
   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>300,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>300,000</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>300,000</td>
<td>100.00%</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>0</td>
<td>0.00%</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><strong>300,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount Recurring</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td></td>
<td>300,000</td>
<td>2604</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $300,000

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Total State Funds Requested (must equal total from question #6) 300,000

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      To reduce accidents and deaths for vulnerable road users.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Videos, radio ads, billboards, handouts, and seminars in schools and civic organizations.
   c. What are the direct services to be provided to citizens by the appropriations project?
      Videos, radio ads, billboards, handouts, and seminars in schools and civic organizations.
   d. Who is the target population served by this project? How many individuals are expected to be served?
      Students in high school, drivers on the road, including the elderly. Everyone that has a driver’s license in the State of Florida.
   e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
      To save lives, improve education of motorcycle safety, protect the general public from harm, and improve transportation conditions.
   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?
      Loss of funding for not meeting the goals as described.

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.
    N/A

13. Requestor Contact Information:
   a. Name: James Reichenbach II
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

14. Recipient Contact Information:
   b. County: Statewide
   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: James Reichenbach II
   e. E-mail Address: abatefl@att.net
   f. Phone Number: (352)362-2150

15. Lobbyist Contact Information
   a. Name: James Reichenbach II
   b. Firm Name: James D. Reichenbach
   c. E-mail Address: abatefl@att.net
   d. Phone Number: (352)362-2150