1. **Title of Project:** I-95 Sound Barrier

2. **Senate Sponsor:** Manny Diaz

3. **Date of Submission:** 03/18/2019

4. **Project/Program Description:**
   
   This request is for a 0.75 mile long sound barrier adjacent to I-95 beginning at mm 328, on the west side of the road. The increased traffic on I-95 is disruptive to the neighborhoods that are adjacent to the road. A sound barrier will provide noise relief to the residents and provide for improved living conditions.

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

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>800,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>800,000</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>800,000</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>800,000</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**

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | **Administrative Costs:** |             |        |
    | Executive Director/Project Head Salary and Benefits |           |        |
    | Other Salary and Benefits |           |        |

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11. Program Performance:
   
   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
      The purpose of the funds is to help residents of neighborhoods near I-95 by constructing a sound barrier to diminish the sound from the interstate disrupting homes.
   
   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
      Construction of a sound barrier.
   
   c. **What are the direct services to be provided to citizens by the appropriations project?**
   
      Relief for residents of neighborhoods near the interstate.
   
   d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
      Residents in interstate adjacent neighborhoods.
   
   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
      Residents will find relief from the noise of the interstate that disrupts their daily lives.
   
   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 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.

   Department of Transportation

13. Requestor Contact Information:
   
   a. **Name:** Tracy Hayes
   
   b. **Organization:** St. Johns Golf & Country Club
   
   c. **E-mail Address:** N/A
   
   d. **Phone Number:** (904)814-9907
14. **Recipient Contact Information:**
   
a. **Organization:** Department of Transportation
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) State Agency
d. **Contact Name:** N/A N/A
e. **E-mail Address:** N/A
f. **Phone Number:** (000)000-0000

15. **Lobbyist Contact Information**
   
a. **Name:** None
b. **Firm Name:** None
c. **E-mail Address:**
d. **Phone Number:**