



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1384

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Provide improvements and enhancements to the existing eight crosswalks in the Town of Highland Beach to increase pedestrian safety.

5. **State Agency to receive requested funds**

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="201,523"/>
Total State Funds Requested	<input type="text" value="201,523"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="201523"/>	<input type="text" value="50.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="201,523"/>	<input type="text" value="50"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="403,046"/>	<input type="text" value="100"/> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If yes, indicate nonrecurring amount per year.



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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		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funds will be used for the construction of the project.	201,523
Total State Funds Requested (must equal total from question #6)		201,523



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11. Program Performance

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

The Highland Beach Crosswalk Enhancement Project is part of the Capital Improvement Program. The goal of the project is to make improvements to the existing eight crosswalks within the town leading to increased pedestrian safety.

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

The improvements include, but are not limited to, solar power pedestrian activated crosswalk signage, pavement flush mounted LED crosswalk indicator lights, and minor crosswalk landing improvements.

- c. What direct services will be provided to citizens by the appropriation project?

Pedestrian safety when crossing SR A1A.

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

The target population served by this project is the general public and more specifically residents of the town. The town's population is approximately 3,600 and 8,000 including seasonal residents.

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

Residents have expressed their concerns with the potential and posed dangers with the current crosswalks. Enhancements to the crosswalks will ultimately increase pedestrian safety when crossing SR A1A.

- 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.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Town of Highland Beach.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.