



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1482

1. **Project Title** Sunrise - Bicycle and Pedestrian Greenways and Trails Master Plan Update2. **Senate Sponsor** Lauren Book3. **Date of Request** 11/13/20194. **Project/Program Description**

In 2015, the Sunrise City Commission approved a comprehensive Bicycle & Pedestrian Greenways & Trails Master Plan that illustrates and defines the development, improvement and/or linkage of new and existing sidewalks, bike lanes, paths, greenways, and trails and amenities for the City. The Master Plan improvements supports safe and convenient walking, biking, and access to transit services. A connected network of on and off-street bikeways, walkways and transit stops provides safe and convenient access between neighborhoods, parks, job centers, tourist attractions, shops, schools, places of work and other daily destinations for a wide variety of people, trip purposes and abilities. The City has completed some of the Master Plan projects and wants to update the Plan to identify opportunities to further provide safe connectivity for pedestrians and bicyclists wishing to access City and regional facilities, as well as community shuttles and mass transit.

5. **State Agency to receive requested funds** Department of Environmental ProtectionState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	150,000

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)	150000	50.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	150,000	50 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	300,000	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		

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study	Funds would be used to hire a consultant to work with City staff to update the Bicycle & Pedestrian Greenways & Trails Master Plan.	150,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		150,000



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#### 11. Program Performance

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

A connected network of on and off-street bikeways, walkways and transit stops provides safe and convenient access between neighborhoods, parks, job centers, tourist attractions, shops, schools, places of work and other daily destinations for a wide variety of people, trip purposes and abilities. These funds will provide a planning document to further enhance the connectivity of the existing network.

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

These funds will enable the City to procure consulting services to evaluate the City's existing transportation network and identify additional projects/work to further enhance connectivity.

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

The resulting Master Plan Update will enable the City to further improve options for safe and convenient access between neighborhoods, parks, job centers, tourist attractions, shops, schools, places of work and other daily destinations for a wide variety of people, trip purposes and abilities.

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

The capital projects resulting from the Master Plan Update will have benefits for local and regional populations within a county of 1.9 million residents. Sunrise is a major regional employment center that is served by Broward County Transit's most heavily used transit route, which provides service to the Sawgrass Mills mall, the BB&T Arena, and Sawgrass International Corporate Park, with a combined employment base of more than 40,000 people.

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

The Master Plan improvements will support safe and convenient walking, biking, and access to transit services. Additional benefits include a reduction in greenhouse gas emissions due to fewer vehicles on the roadways. Outcomes can be measured by evaluating transit ridership and observed use of new bicycle and pedestrian infrastructure improvements.

- 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?

The City should not be reimbursed with grant funds should the Master Plan update not be completed.



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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.**

The Master Plan Update will be the property of the City of Sunrise.

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.