



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1937

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Agency operations and administration. Funding will support the development of an institutional, organizational, and management structure needed to plan, implement, and operate mobility improvements and expansions of multimodal transportation options for passengers and freight throughout the designated region.

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 style="width: 100px;" type="text" value="1,500,000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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 style="width: 100px;" type="text" value="1500000"/>	<input style="width: 50px;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,500,000</b>	<b>100</b> %

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 style="width: 80px;" type="text" value="2019-20"/>	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="1,500,000"/>	<input style="width: 80px;" type="text" value="1989A"/>	<input type="text" value="No"/>

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	Overall agency management and oversight.	299,620
Other Salary and Benefits	Additional staff and technical support; financial administration/oversight; grants management/administration; marketing outreach/public relations; agency administration; project planning/management; procurement/contract administration; human resources administration.	987,166
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Rent/utilities, communications/phone/internet, travel/parking, training, printing/copier, materials, office supplies, postage, office furniture/fixtures/equipment, accounting/auditing/payroll/grants administration, legal/bank fees, dues/memberships/subscriptions, meetings/events, advertising/marketing/sponsorships/promotions, computer software/maintenance, computer materials/supplies/equipment, insurance, fees/licenses, and other.	213,214
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>



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## 11. Program Performance

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

Agency operations and administration.

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

Funding will support the development of an institutional, organizational, and management structure needed to plan, implement, and operate mobility improvements and expansions of multimodal transportation options for passengers and freight throughout the designated region.

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

None.

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

All residents of Hernando, Hillsborough, Manatee, Pasco, and Pinellas Counties. A total population of approximately 4 million people.

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

Improved transportation conditions; direct management and oversight, and a performance evaluation of services provided in the community, indicating their effectiveness and efficiency.

- 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?

Reduction or elimination of funding.



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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.**

N/A

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.