



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1623

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

4. Project/Program Description

Roadway Improvements to Blount Road from Dr. Martin Luther King Jr. Boulevard to Copans Road, a 1-mile stretch that services many of the most prominent employers in the city including Whole Foods and FedEx. The street has not been upgraded for decades. The road is structurally deficient. Blount Road is a heavy volume road with a large number of personal and commercial vehicles. Many of the commercial vehicles include large service vehicles, "box" trucks, and tractor trailer combinations. The road connects elementary schools, residential dwellings, and a heavily populated commercial/industrial area with local businesses and services attracting 8,000 trips on Blount Road while serving Copans Road (33,000 trips) and MLK Boulevard (26,000 trips). The roadway has little value left. The road's asphalt is somewhat safe, but the roadway's asphalt pavement is on the downward side of its useful lifespan. It is unknown how near future traffic volumes and weather may affect the asphalt's condition

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	60%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,315,000	40%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	3,315,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2018-19		250,000	1906A	Yes

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of streetscape elements. Improve pedestrian connectivity. Add necessary on-street parking. Improve bicycle connectivity. Improve bus shelters and bus stops.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

12. Program Performance

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

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

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

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

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

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 the contract?



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\$1,000 per day (liquidated damages).

- 13. 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.**

City of Pompano Beach.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number