

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1733

. Project Title	Hamilton School Entrance Signal Enhancement							
. Senate Sponsor	Loranne Ausley							
. Date of Request	02/05/2021							
. Project/Program De	escription							
Improve traffic signa	als at Hamilton Sch	ool complex.						
State Agency to red	ceive requested fu	nds Depart	ment of Transportation					
State Agency conta	•							
State Agency Conta	icteu: 165							
Amount of the Nonr	recurring Request	for Fiscal Year	2021-2022					
Type of Funding			Amo	ount				
Operations				0				
Fixed Capital Outlay	1			200,000				
Total State Funds F	Requested			200,000				
Total Project Cost f	or Fiscal Year 202	1-2022 (includir	ng matching funds ava	ailable for this proj	ect)			
Type of Funding			Amount	Percentage				
Total State Funds R	equested (from que	estion #6)	200,000	100%				
Matching Funds								
Federal			0	0%				
State (excluding the	amount of this requ	uest)	0	0%				
Local			0	0%				
Other			0	0%				
Other	otal Project Costs for Fiscal Year 2021-2022			100%				
	for Fiscal Year 20)21-2022	200,000	100.0				
Total Project Costs . Has this project pre	eviously received	state funding?	No					
Total Project Costs Has this project pre	eviously received :	state funding?	No Specific	Vetoed				
Total Project Costs Has this project pre	eviously received	state funding?	No Specific					
Total Project Costs Has this project pre Fiscal Year (уууу-уу)	eviously received s Amo Recurring	state funding? ount Nonrecurring	Specific Appropriation #					
Total Project Costs Has this project pre Fiscal Year (уууу-уу)	eviously received s Amo Recurring	state funding? ount Nonrecurring	No Specific					
Total Project Costs Has this project pre Fiscal Year (уууу-уу)	Amo Recurring	state funding? ount Nonrecurring ed?	Specific Appropriation #					
Total Project Costs Has this project pre Fiscal Year (уууу-уу) Is future funding like a. If yes, indicate ne	Amo Recurring Kely to be requested	state funding? Dunt Nonrecurring ed? nt per year.	Specific Appropriation #	Vetoed				
Total Project Costs Has this project pre Fiscal Year (уууу-уу) Is future funding like	Amo Recurring Kely to be requested	state funding? Dunt Nonrecurring ed? nt per year.	Specific Appropriation #	Vetoed				
Total Project Costs Has this project pre Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate ne	Amo Recurring Kely to be requested	state funding? Dunt Nonrecurring ed? nt per year.	Specific Appropriation #	Vetoed				
Total Project Costs Has this project pre Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate news.	Amo Recurring Kely to be requested onrecurring amou	state funding? ount Nonrecurring ed? nt per year. at can be used i	No Specific Appropriation # No No n lieu of state funding	Vetoed .	19 pandemic?			
Total Project Costs Has this project pre Fiscal Year (уууу-уу) Is future funding lik a. If yes, indicate no b. Describe the sou O. Has the entity required	Amo Recurring Kely to be requested onrecurring amou	state funding? ount Nonrecurring ed? nt per year. at can be used i	Specific Appropriation #	Vetoed .	19 pandemic?			
Total Project Costs Has this project pre Fiscal Year (уууу-уу) Is future funding like a. If yes, indicate ne b. Describe the sou	Amo Recurring Kely to be requested onrecurring amou	state funding? ount Nonrecurring ed? nt per year. at can be used i	No Specific Appropriation # No No n lieu of state funding	Vetoed .	19 pandemic?			



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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	Design and installation of revived signaling program for Hamilton Education Complex.	200,000				
Total State Funds Requested (must equal total from question #6)						

12. Program Performance

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

Hamilton schools have been combined into a single county complex increasing traffic for all activities into a single complex. Traffic patterns have been altered and not reflected completely and safely to current situations on state maintained highways.

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

Signals and speed zone adjustments.

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

Traffic control, better traffic flow, and an increase in safety measures.

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

All student and faculty traffic.

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

Safe entrance into and out of complex during all school activities.

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?

Deobligation of funds.

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.

FDOT and county owns right of way and the Hamilton School District owns the complex.



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14	. Requestor Contact	t Informat	ion							
	a. First Name	Louie		Last Name	Goodin					
	b. Organization	Hamilton County Board of Commissioners								
	c. E-mail Address	hamiltoncounty@windstream.net								
	d. Phone Number	(386)792-6639 Ext.								
15. Recipient Contact Information										
	a. Organization	Hamilton County Board of Commissioners								
	b. Municipality and County Hamilton									
	c. Organization Type									
	□For Profit Entity	/								
	□Non Profit 501(d	501(c)(3)								
	□Non Profit 501(c)(4)									
	☑Local Entity									
	□University or College									
	□Other (please specify)									
	d. First Name	Louie		Last Name	Goodin					
	e. E-mail Address	hamiltoncounty@windstream.net								
	f. Phone Number	(386)792-6639								
16. Lobbyist Contact Information										
	a. Name	None								
	b. Firm Name	None								
	c. E-mail Address									
	d. Phone Number									