

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2058

1. Project Title	Morningside Driv							
2. Senate Sponsor	Danny Burgess							
3. Date of Request	01/03/2022							
4. Project/Program De	scription							
and parallel to two exconnect the north-sol Meridian Avenue, the	kisting east-west or uth collector Fort K ere remains a large services and additi	iented arterial r ing Road with l gap between e	oadwa JS 301 east-we	ays, Clinton Avenue I/US 98. With close est connectors that	and Meridian Aver to 2.8 miles betwe creates longer trip	en Clinton Avenue and		
5. State Agency to rec	eive requested fu	nds Depa	artmen	t of Transportation				
State Agency contact	cted? No							
6. Amount of the Nonro	ecurring Request	for Fiscal Yea	r 2022	-2023				
Type of Funding	<u> </u>			Amo	unt			
Operations				71110	0			
Fixed Capital Outlay				9,000,000				
Total State Funds R	Requested			9,000,000				
7. Total Project Cost fo Type of Funding	or Fiscal Teal 2022	2-2023 (IIICIUU	ing in	Amount	Percentage	=c.;		
Total State Funds Re	Total State Funds Requested (from question #6)			9,000,000	91%			
Matching Funds		Т						
Federal				0	0%			
State (excluding the	amount of this requ	iest)		0	0%			
Local				890,000	9%			
Other	( F: 1)/ 00			0	0%			
Total Project Costs	for Fiscal Year 20	22-2023		9,890,000	100%			
8. Has this project pre	viously received s	state funding?		⁄es				
Fiscal Year	(10000100)			Specific Appropriation #	Vetoed			
(уууу-уу)	Recurring	Nonrecurrin	ıg					
2019-20	0	5,000	,000	1989A	No			
9. Is future funding lik	ely to be requeste	ed?	N	lo				
a. If yes, indicate no	onrecurring amou	nt per vear.						
b. Describe the sou			in lie	ı of state funding				
S. Describe the sou	Too or runding tha	t van be useu		a or state funding.				
10. Has the entity requ	uesting this projec	t received any	/ fede	ral assistance rela	ted to the COVID-	19 pandemic?		
No								



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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	These funds will be utilized to complete the right of way acquisition and construction of the project.	9,000,000				
Total State Funds Requested (must equal total from question #6) 9,000,0						

### 12. Program Performance

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

The project will provide additional options to accommodate east-west vehicular traffic flows with adequate capacity and operational roadway improvements to Morningside Drive to sustain a level of service (LOS) of D or better during the design year of 2045. The current gap in the Morningside Drive roadway requires traffic to travel from Fort King Road north to Howard Avenue or south to Clinton Avenue to reach the section of Morningside Drive west of US 301/US 98. These detours affect the local population and especially affect the availability of emergency personnel to access Advent Health.

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

The activity to be provided is the construction of the roadway which will directly benefit the citizens of Dade City and surrounding areas by providing additional options to accommodate east-west traffic, reducing traffic volumes on Meridian Avenue and Clinton Avenue, and increasing the availability of emergency response to Advent Health.

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

The new roadway is to serve as a reliever for Clinton Avenue and Meridian Avenue by providing additional east and west bound travel options for area residents, visitors, and emergency response personnel.

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

The project is expected to serve the 7,200 city residents. This project will also serve local businesses, tourists, and surrounding county residents. The expected annual average daily traffic (AADT) is 3,480.

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

The expected benefits of the Morningside Drive Extension project are improved road conditions for all users, equitable accessibility, and improved quality of life. The connected roadway network will fill a critical gap in the existing transportation system and provide for better response times for emergency rescue and reduced transport time to the hospital.



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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?

Standard contract penalties are sufficient to protect the state's and city's investment in the project.

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.

The City of Dade City will be the entity and owner of the facility.



### **The Florida Senate**

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14	14. Requestor Contact Information								
	a. First Name	Leslie Last Name Porter							
	b. Organization	City of Dade City							
	c. E-mail Address	lporter@dadecityfl.com							
	d. Phone Number	(352)521-1499 <b>Ext.</b>							
15	15. Recipient Contact Information								
	a. Organization	City of Dade City							
	b. Municipality and	I County	Pasco						
	c. Organization Type								
	□For Profit Entity								
	□Non Profit 501(c	c)(3)							
	□Non Profit 501(c	c)(4)							
	☑Local Entity								
	□University or Co	IUniversity or College							
	□Other (please specify)								
	d. First Name	Leslie		Last Name	Porter				
	e. E-mail Address	lporter@dadecityfl.com							
	f. Phone Number								
16	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address	s							
	d. Phone Number								