

LFIR # 2428

9. Is future funding lia. If yes, indicate rb. Describe the so	_		in lie	eu of st	ate funding.		
_	onrecurring amou	iii pei yeai.					
le futura fundina li				INU			
3.5 = 5				No			_
2019-20	Recurring 0	Nonrecurrir 500	ng ,000	Appic	1989A	No	
Fiscal Year (уууу-уу)	Amo			Sp	ecific priation #	Vetoed	
3. Has this project pr	eviously received	state funding?	• [Yes			_
Total Project Cost	s for Fiscal Year 20)22-2023			2,000,000	100%	Ī
Other					0	0%	1
State (excluding the Local	amount of this requ	uest)			1,000,000	0% 50%	1
Federal					0	0%	1
Matching Funds							
Total State Funds R	Requested (from que	estion #6)			1,000,000	50%	
. Total Project Cost	for Fiscal Year 202	2-2023 (includ	ing m	natchin Amo		lable for this proje	ect)
Total State Funds	Requested					1,000,000	
Fixed Capital Outlay						1,000,000	
Operations						0	4
Type of Funding					Amo	unt	
State Agency contact. Amount of the Non		for Fiscal Yea	r 202	2-2023			
5. State Agency to re	•	nds Depa	artme	nt of Tr	ansportation		
Michael and have c		ed in quality as	a res	ult of th	e debris truc	pads were substand ks and increased u	dard pr ise.
l. Project/Program D	escription						
B. Date of Request	01/11/2022						
2. Senate Sponsor	George Gainer						
	Oity of Gallaway	Roadway Repa	allS				
. Project Title	Luty of Canaway		-:				



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Federal assistance from the federal CARES Act funding was received and used for COVID-19 equipment (PPE and supplies, temperature scanners, electrostatic foggers, disinfectants, and medical masks).

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	Repaving miscellaneous damaged roads including engineering and construction.	1,000,000				
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?

The funds requested will assist with funding of the improvements of the city's roads that were damaged. The roads were substandard prior to Hurricane Michael and have continually deteriorated in quality as a result of the debris truck and increased use.

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

Engineering and construction.

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

The appropriation project will help with the funding of reconstructing damaged roads.

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

The entire City of Callaway which has a population of 16,000 people.

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

The expected benefit of the project is roads of Callaway to be repaved. This will be measured by post-repair and as-built surveys and quality of life.

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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13.	The owners of the facility to receive, directly	y or indirectly, any fixed capital outlay funding. Include the	е
	relationship between the owners of the facility		

Callaway will receive directly any fixed capital outlay funding since it owns the roads in the city.



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14.	14. Requestor Contact Information								
	a. First Name	Chris		Last Name	Forehand				
	b. Organization	Panhandle Engineering, Inc.							
	c. E-mail Address	cbf@panl	cbf@panhandleengineering.com						
	d. Phone Number	(850)596-	(850)596-1235 Ext.						
15.	15. Recipient Contact Information								
	a. Organization	City of Ca	allaway						
	b. Municipality and	d County	Bay						
	c. Organization Ty	ре							
	□For Profit Entity	For Profit Entity							
	□Non Profit 501(c)(3)								
	□Non Profit 501(c)(4)								
	☑Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Eddie		Last Name	Cook				
	e. E-mail Address	citymanager@cityofcallaway.com							
	f. Phone Number								
16.	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name								
	c. E-mail Address								
	d. Phone Number								