

LFIR # 2440

3. Date of Reques	ot 01/17/2022				
•					
4. Project/Program	•				
assist with alleve	iating traffic issues, imp schools (Liza Jackson l	proving evacuation re Preparatory School,	ns from the Lewis Turne outes out of south Okal Pryor Middle School, a /hite Wilson Medical Ce	loosa County, and a and Choctawhatche	allowing for better
5. State Agency to	o receive requested for	unds Departm	ent of Transportation		
State Agency c	ontacted? No				
6. Amount of the I	Nonrecurring Reques	t for Fiscal Year 20	22-2023		
Type of Fundin	ng		Amou	nt	
Operations				0	
Fixed Capital O				1,500,000	
Total State Fun	nds Requested			1,500,000	
•		22-2023 (including	matching funds availa	, ,	et)
Type of Fundin		.: "0)	Amount	Percentage	
	ds Requested (from qu	estion #6)	1,500,000	50%	
Matching Fund	IS			00/	
Federal	the amount of this req	u.oct)	0	0% 0%	
Local	g the amount of this req	uest)	1,500,000	50%	
				0%	
			01		
Other	osts for Eisaal Voor 2	022-2023	3 000 000		
Other	osts for Fiscal Year 2	022-2023	3,000,000	100%	
Other Total Project C	osts for Fiscal Year 2				
Other Total Project C 8. Has this projec Fiscal Year	et previously received		3,000,000 No Specific		
Other Total Project C 8. Has this projec	et previously received	state funding?	3,000,000 No	100%	
Other Total Project C 8. Has this projec Fiscal Year	et previously received	state funding?	3,000,000 No Specific	100%	
Other Total Project C 8. Has this projec Fiscal Year (уууу-уу)	et previously received	state funding? ount Nonrecurring	3,000,000 No Specific	100%	
Other Total Project C 8. Has this project Fiscal Year (уууу-уу) 9. Is future funding	Am Recurring ng likely to be request	state funding? ount Nonrecurring ed?	3,000,000 No Specific Appropriation #	100%	
Other Total Project C 8. Has this project Fiscal Year (уууу-уу) 9. Is future funding a. If yes, indicated	Am Recurring ag likely to be request	state funding? ount Nonrecurring ed? unt per year.	3,000,000 No Specific Appropriation #	100%	
Other Total Project C 8. Has this project Fiscal Year (уууу-уу) 9. Is future funding a. If yes, indicated	Am Recurring ng likely to be request	state funding? ount Nonrecurring ed? unt per year.	3,000,000 No Specific Appropriation #	100%	

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



LFIR # 2440

The city received CARES Act and ARPA funding related to COVID-19. The CARES Act funds were used for first responder payroll expenses and materials and equipment to protect employees from exposure. ARPA funds have not been used to date.

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 recommended traffic improvements in the Lewis Turner Boulevard area.	1,500,000			
Total State Funds Requested (must equal total from question #6) 1,500,0					

12. Program Performance

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

Funding would be used to implement the recommendations from the Lewis Turner Boulevard Area Traffic Analysis to to assist with alleviating traffic issues, improving evacuation routes out of south Okaloosa County, and allowing for better access to local schools (Liza Jackson Preparatory School, Pryor Middle School, and Choctawhatchee High School) and medical centers (Fort Walton Beach Medical Center and White Wilson Medical Center).

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

Implementing the recommended traffic improvements will serve to alleviate traffic issues, provide better access to local schools and medical centers, and improve evacuation routes out of south Okaloosa County.

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

Improved traffic flow, improved access to local schools and medical centers, and improved evacuation routes.

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

Elderly persons, persons with poor physical health, and all ages of school children and parents, which totals more than 800 persons.

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

Provides improved evacuation routes out of south Okaloosa County during disasters to be measured via number of citizens with access to evacuation routes. Improves traffic flow in south Okaloosa County and access to local schools and medical centers and will be measured via traffic counts. Allows for more development in the Lewis Turner Boulevard area to be tracked via property values and sales tax revenues. Developing the Lewis Turner Boulevard area would enhance the attractiveness of the site as a destination for tourists.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



LFIR # 2440

for failing to meet deliverables or performance measures provided for the contract?		
Revocation of funding.		

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 Fort Walton Beach



LFIR # 2440

14.	14. Requestor Contact Information						
	a. First Name	Michael		Last Name	Beedie		
	b. Organization	City of Fort Walton Beach					
	c. E-mail Address	mbeedie@fwb.org					
	d. Phone Number	(850)833-9612 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	City of Fo	ort Walton Beach				
b. Municipality and County Okaloosa							
	c. Organization Type						
	□For Profit Entity	ofit Entity					
	□Non Profit 501(c	:)(3)					
	□Non Profit 501(c	fit 501(c)(4)					
	☑Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Michael		Last Name	Beedie		
	e. E-mail Address	mbeedie@fwb.org					
	f. Phone Number						
16.	. Lobbyist Contact I	nformatio	n				
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	s					
	d. Phone Number	e Number					