

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

al Year 2024-2025 LFIR # 1231

| 1. Project Title | Santa Rosa Cou | nty - Hamilton Br | idge Road Sidewalks | | | |
|--|--|---------------------------------------|---|--|-----------------------------|--|
| 2. Senate Sponsor | Doug Broxson | | | | | |
| 3. Date of Request | 11/14/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| Construction of side previously designed | ewalks and drainage as part of the Phas | e from Emerald D e I Hamilton Brid | rive to Jim Dandy Lane ge Road Sidewalk Loca | on Hamilton Bridge al Agency Project (F | . The project was DOT LAP). | |
| 5. State Agency to red | ceive requested fu | nds Depart | ment of Transportation | | | |
| State Agency conta | ncted? No | | | | | |
| 6. Amount of the Noni | recurring Request | for Fiscal Year | 2024-2025 | | | |
| Type of Funding | | | Amo | Amount | | |
| Operations | | | | 0 | | |
| Fixed Capital Outlay | | | | 250,000 | | |
| Total State Funds I | Requested | | | 250,000 | | |
| 7. Total Project Cost f | or Fiscal Year 202 | 4-2025 (includin | g matching funds ava | ilable for this proj | ect) | |
| Type of Funding | | | Amount | Percentage | | |
| Total State Funds R | equested (from que | estion #6) | 250,000 | 100% | | |
| Matching Funds | | | | | | |
| Federal | | | 0 | 0% | | |
| State (excluding the | State (excluding the amount of this request) | | | 0% | | |
| Local | | | 0 | 0% | | |
| Other | | | 0 | 0% | | |
| Total Project Costs | for Fiscal Year 20 | 24-2025 | 250,000 | 100% | | |
| 8. Has this project pro | eviously received | state funding? | No | | | |
| Fiscal Year | Amo | ount | Specific | Vetoed | | |
| (yyyy-yy) | Recurring | Nonrecurring | Appropriation # | 10.00a | | |
| | | | | | | |
| 9. Is future funding lik | cely to be requeste | ed? | No | | | |
| a If you indicate n | onrocurring amou | nt nor voor | | | | |
| a. If yes, indicate n | _ | | n lieu of state funding. | | | |
| | e used, however, th | | delayed until enough f | | | |
| | | ct received any f | ederal assistance rela | ated to the COVID- | 19 pandemic? | |
| If yes, indicate the | amount of funds i | received and wh | at the funds were use | d for. | | |



11. Status of Construction

a. What is the current phase of the project?

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0

0

250,000

250,000

FY21 - FY23 ARPA \$25,800,640 Planned stormwater and wastewater expenditures. \$10,000,000 ARPA revenue loss used for planned transportation expenditures. FY21 EMPG-ARPA \$13,926 PPE Emergency Management FY20 CARES \$31,161,197 - Sheriff & EM Personnel, Education Distance Learning, Small Business and Utility assistance.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| O Planning | Construction () N/ | A | | |
|--|----------------------------|-------------|---------------------|----------|
| b. Is the project "shovel ready" (i | e permitted)? | Yes | | |
| c. What is the estimated start date | e of construction? | 7/1/2024 | | |
| d. What is the estimated complete | ion date of construction? | 1/1/2025 | | |
| 12. List the owners of the facility to relationship between the owners | | | outlay funding. Inc | lude the |
| Santa Rosa County | | | | |
| 13. Details on how the requested sta | ate funds will be expended | Description | | Amount |
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | | | (|
| Other Salary and Benefits | | | | (|
| Expense/Equipment/Travel/Supplies/ Other | | | | C |

14. Program Performance

Planning Engineering

Consultants/Contracted Services/Study

Consultants/Contracted Services/Study

Salary and Benefits

Other

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

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

Total State Funds Requested (must equal total from question #6)

This project would enhance and improve pedestrian transit between Pace and Milton communities. It would also allow pedestrians to safely walk this route and avoid intersections with poor sight lines.

Construction of sidewalk and drainage infrastructure.

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

Reduced vehicle - pedestrian accidents.

Fixed Capital Construction/Major Renovation:



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

Increased access to opportunities to improve physical health. Access to pedestrian facilities, access to the walking trail around Spencerfield.

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

Over 30,000 residential and 1,600 commercial structures to benefit from the improvements.

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

This project would enhance and improve pedestrian transit between Pace and Milton communities. It would also allow pedestrians to safely walk this route and avoid intersections with poor sight lines.

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?

Withhold awards from the Contractor for a specific time frame pending on the extents of performance standard that were not met.

| 15. Requester Contact | t Informati | on | | | | |
|--|---|----|-----------|---------------|--|--|
| a. First Name | | | Last Name | Cook | | |
| b. Organization | Santa Rosa County Board of County Commissioners | | | commissioners | | |
| c. E-mail Address | devannc@santarosa.fl.gov | | | | | |
| d. Phone Number | (850)983-1877 Ext. | | | | | |
| 16. Recipient Contact | ecipient Contact Information | | | | | |
| a. Organization | Santa Rosa County OMB | | | | | |
| b. Municipality and | Santa Rosa | | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | | | | | | |
| □Non Profit 501(d | Non Profit 501(c)(3) | | | | | |
| □Non Profit 501(d | c)(4) | | | | | |
| □Local Entity | □Local Entity | | | | | |
| □University or College | | | | | | |
| ☑Other (please specify) Local Government | | | | | | |
| d. First Name | Sabrina Last Name White | | | | | |
| e. E-mail Address | sabrinaw@santarosa.fl.gov | | | | | |
| f. Phone Number | (850)983-1853 | | | | | |
| 17. Lobbyist Contact I | 17. Lobbyist Contact Information | | | | | |
| a. Name | Jon E. Johnson | | | | | |



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| b. Firm Name | Johnson & Blanton |
|-------------------|---------------------------|
| c. E-mail Address | cheryl@johnsonblanton.com |
| d. Phone Number | (850)224-1900 |