

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

**LFIR # 2177** 

| 1. Project Title   | Safety Harbor - I<br>Compliance   | Roadway Improve  | ements and ADA Infras   | tructure   |  |  |
|--|---|--|---|--|--|--|
| 2. Senate Sponsor  | Ed Hooper   |  |   |  |  |  |
| 3. Date of Request   | 12/12/2023  |  |   |  |  |  |
| 4. Project/Program D   | escription  |  |   |  |  |  |
| will need milling, resurfacing, or full of Americans with Disability disturbing the under without increasing the remove the top layer. | surfacing, and full de<br>depth reclamation wi<br>abilities Act (ADA). I<br>rlying subbase of the<br>he height of the road<br>or of surface along w | epth reclamation in<br>Il require upgrade<br>Milling will entail th<br>e roadway. This a<br>d. Roads requiring<br>vith an identified d | n have been assessed n Fiscal Year 2024-202 is to sidewalks and curl ne removal of 1-inch to llows new asphalt to be g further subbase repai epth of sub-base needidepth reclamation process. | 25. Roads that will repair ramps to be in corporate in the corporate installed from shown will require full deping replacement. Re | eceive milling, mpliance with the yer of surface without ulder to shoulder, oth reclamation that will esurfacing will entail the |  |
| 5. State Agency to re  | ceive requested fu  | nds Depart   | ment of Transportation  |  |  |  |
| State Agency cont  | acted? No   |  |   |  |  |  |
| 6. Amount of the Non   | recurring Request   | for Fiscal Year 2  | 2024-2025   |  |  |  |
| Type of Funding  |   |  | Amo   | Amount   |  |  |
| Operations   |   |  |   |  |  |  |
| Fixed Capital Outla  | у   |  | 1,000,000   |  |  |  |
| <b>Total State Funds</b>   | Requested   |  |   | 1,000,000  |  |  |
| 7. Total Project Cost  | for Fiscal Year 202   | 4-2025 (includin   | g matching funds ava  | ilable for this proj   | ect)   |  |
| Type of Funding  |   |  | Amount  | Percentage   |  |  |
| Total State Funds Requested (from question #6)   |   | stion #6)  | 1,000,000   | 57%  |  |  |
| Matching Funds   |   |  |   |  |  |  |
| Federal  |   |  | 0   | 0%   |  |  |
| State (excluding the   | e amount of this requ   | uest)  | 0   | 0%   |  |  |
| Local  | Local   |  | 750,000   | 43%  |  |  |
| Other  |   |  | 0   | 0%   |  |  |
| <b>Total Project Cost</b>  | s for Fiscal Year 20  | )24-2025   | 1,750,000   | 100%   |  |  |
| 8. Has this project pr   | eviously received   | state funding?   | No  |  |  |  |
| Fiscal Year  | Amo   | ount   | Specific  | Vetoed   |  |  |
| (уууу-уу)  | Recurring   | Nonrecurring   | Appropriation #   |  |  |  |
|  |   |  |   |  |  |  |
| 9. Is future funding li  | kely to be requeste   | ∍d?  | No  |  |  |  |
| a. If yes, indicate r  |   |  |   |  |  |  |
| b. Describe the so   | urce of funding the   | at can be used in  | lieu of state funding   |  |  |  |
| D. Describe trie 30  | aroc or randing the   |  | i nou or state funding.   |  | ]  |  |
|  |   |  |   |  |  |  |



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| 10. Has the entity requesting this p                  | project received any federal assistance related to the COVID-19 pand   | demic?    |  |
|---|--|-----------|--|
|   |  |           |  |
| • .   | nds received and what the funds were used for.   |           |  |
| The city received ARPA lunds total                    | aling \$10 million for revenue replacement.  |           |  |
| Complete questions 11 a                               | nd 12 for Fixed Capital Outlay Projects  |           |  |
| 11. Status of Construction                            |  |           |  |
| a. What is the current phase of t                     | he project?  |           |  |
| Planning • Design                                     | Construction N/A   |           |  |
| b. Is the project "shovel ready" (                    | (i.e permitted)?   |           |  |
| c. What is the estimated start da                     | te of construction? 11/01/2024   |           |  |
| d. What is the estimated comple                       | d. What is the estimated completion date of construction?  |           |  |
| City of Safety Harbor                                 |  |           |  |
| 13. Details on how the requested st Spending Category | ate funds will be expended  Description  | Amount    |  |
| Administrative Costs:                                 | Dooripilon   | 7 mount   |  |
| Executive Director/Project Head Salary and Benefits   |  | C         |  |
| Other Salary and Benefits                             |  | C         |  |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | C         |  |
| Consultants/Contracted<br>Services/Study              |  | C         |  |
| Operational Costs: Other                              |  |           |  |
| Salary and Benefits                                   |  | C         |  |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | C         |  |
| Consultants/Contracted<br>Services/Study              |  | C         |  |
| Fixed Capital Construction/Majo                       | r Renovation:  |           |  |
| Construction/Renovation/Land/<br>Planning Engineering | Roadway improvements will alleviate standing stormwater issues that would increase driving surface deterioration. Milling, resurfacing, and full depth reclamation will improve roadway traction and stability for safer driving conditions. Improvements include upgrades to sidewalks and curb ramps that are damaged and will bring all into compliance with the Americans with Disabilities Act (ADA). | 1,000,000 |  |
|   | ust equal total from question #6)  | 1,000,000 |  |

## 14. Program Performance

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



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The specific goal of the City of Safety Harbor's roadway improvements and ADA upgrades is to improve vehicular driving conditions and increase pedestrian safety within the city limits for its residents. Additional safety will be provided to transient residents because the City of Safety Harbor provides connectivity to neighboring cities and counties.

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

The City of Safety Harbor will continue to provide the activity and service of a citywide rating system via a pavement condition index or PCI, and the US Army Corps of Engineers Paver Distress Identification Manual to determine the severity and extent of distresses observed during citywide roadway assessments. Additionally, the city will provide ratings of distressed sidewalk and ADA curb ramps to determine areas needing immediate attention and correction to prevent pedestrian harm.

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

The City of Safety Harbor will provide a direct service to citizens with continued roadway inspections, improvements, and safety with each resurfacing project. The city will educate citizens of the roadway assessment procedures as well as provide reports and presentations showing the city's pavement assessment including inspection protocol, assessment results, data analysis, and future resurfacing projects.

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

The target population within the City of Safety Harbor is approximately 18,000 residents. Also, thousands of transient individuals will be served by the project since the City of Safety Harbor provides connectivity to neighboring cities and counties.

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

The benefit and successful outcome of the project will provide improvements and increase safety to city roadways, pedestrian sidewalks, and pedestrian curb ramps as well as comply with the Americans with Disabilities Act (ADA). The city will continue the methodology for measuring the outcome of the project with use of the US Army Corps of Engineers Paver Distress Identification Manual for analyzing and rating city roadway conditions and geotechnical engineering testing.

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?

| Return funds                        |                               |           |       |  |  |
|-------------------------------------|-------------------------------|-----------|-------|--|--|
| 5. Requester Contact                | t Information                 |           |       |  |  |
| a. First Name                       | Matthew                       | Last Name | Spoor |  |  |
| b. Organization                     | City of Safety Harbor         |           |       |  |  |
| c. E-mail Address                   | mspoor@cityofsafetyharbor.com |           |       |  |  |
| d. Phone Number                     | (727)724-1555                 | Ext.      | 1403  |  |  |
| 6. Recipient Contact Information    |                               |           |       |  |  |
| a. Organization                     | City of Safety Harbor         |           |       |  |  |
| b. Municipality and County Pinellas |                               |           |       |  |  |
| c. Organization Ty                  | ре                            |           |       |  |  |
| □For Profit Entity                  |                               |           |       |  |  |
| □Non Profit 501(d                   | c)(3)                         |           |       |  |  |



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| □Non Profit 501(c                | c)(4)                          |           |       |  |  |  |
|----------------------------------|--------------------------------|-----------|-------|--|--|--|
| ☑Local Entity                    |                                |           |       |  |  |  |
| □University or Co                | □University or College         |           |       |  |  |  |
| □Other (please specify)          |                                |           |       |  |  |  |
| d. First Name                    | Matthew                        | Last Name | Spoor |  |  |  |
| e. E-mail Address                | mspoor@cityofsafetyharbor.com  |           |       |  |  |  |
| f. Phone Number                  | (727)724-1555                  |           |       |  |  |  |
| 17. Lobbyist Contact Information |                                |           |       |  |  |  |
| a. Name                          | RJ Myers                       |           |       |  |  |  |
| b. Firm Name                     | Shumaker Advisors Florida, LLC |           |       |  |  |  |
| c. E-mail Address                | rmyers@shumakeradvisors.com    |           |       |  |  |  |
| d. Phone Number                  | (850)933-0883                  |           |       |  |  |  |