

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

**LFIR # 2931** 

1.	Project Title	City of Bonifay - Project	Telefair Street &	k Iowa Avenue Sidewalk	and Lighting			
2.	Senate Sponsor	Jay Trumbull						
3.	Date of Request	12/13/2023						
4.	Project/Program De	escription						
The City of Bonifay desires to resurface and provide drainage improvements to Weeks Street from Judah Avenue to (US 90). The total length of the resurfacing project is approximately 1.0 mile. The existing typical section consists of t ft travel lanes and minimal grassed shoulders. The proposed improvements include resurfacing the 10-ft travel lanes, replacing cross drains and side drains, and providing improvements to roadside ditches. Isolated areas of base reconstruction may be required where base failure is occurring along Weeks Street. The existing right-of-way for Weeks Street from Judah Avenue to SR 10 (US 90) to be resurfaced within the city limits measured from the Holmes County Property Appraiser's website is approximately 50-ft. No additional right-of-way is anticipated. The scope of services for this project will include survey, design, permitting, construction, and construction engineering and inspection (CEI) for the resurfacing and drainage improvements.								
5.	State Agency to red	ceive requested fu	<b>nds</b> Depa	rtment of Transportation				
	State Agency conta	acted? No						
<b>3</b> .	Amount of the Noni	recurring Request	for Fiscal Year	2024-2025				
	Type of Funding			Amo	Amount			
	Operations			0				
	Fixed Capital Outlay	/		650,000				
	Total State Funds Requested				650,000			
	Total State Funds I	Requested			650,000			
7.		•	4-2025 (includi	ng matching funds ava		ct)		
7.	Total Project Cost f	•	4-2025 (includi	ng matching funds ava	ailable for this projec	ct)		
7.	Total Project Cost f	or Fiscal Year 202	,	Amount	nilable for this project	ct)		
7.	Total Project Cost f  Type of Funding  Total State Funds R	or Fiscal Year 202	,		ailable for this projec	ct)		
7.	Total Project Cost f	or Fiscal Year 202	,	Amount	nilable for this project	ct)		
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds	or Fiscal Year 202 equested (from que	estion #6)	Amount 650,000	Percentage 100%	ct)		
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	or Fiscal Year 202 equested (from que	estion #6)	Amount 650,000	Percentage 100%	ct)		
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the	or Fiscal Year 202 equested (from que	estion #6)	Amount 650,000 0	Percentage 100% 0%	ct)		
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local	equested (from que	estion #6)	Amount 650,000 0 1,000	Percentage 100% 0% 0% 0%	ct)		
	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other	equested (from que amount of this requested)	estion #6)  uest)  024-2025	Amount 650,000  0 0 1,000 0	Percentage 100% 0% 0% 0% 0%	ct)		
	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pre	equested (from que amount of this requested Year 20 eviously received Amo	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  650,000  0  1,000 0  651,000  No  Specific	Percentage 100% 0% 0% 0% 0%	ct)		
	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pro	equested (from que amount of this requested Year 20	estion #6)  uest)  024-2025  state funding?	Amount  650,000  0  1,000 0  651,000  No  Specific	Percentage 100% 0% 0% 0% 0% 100%	ct)		
	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pre	equested (from que amount of this requested Year 20 eviously received Amo	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  650,000  0  1,000 0  651,000  No  Specific	Percentage 100% 0% 0% 0% 0% 100%	ct)		
8.	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pre	equested (from que amount of this requested (from q	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  650,000  0  1,000 0  651,000  No  Specific	Percentage 100% 0% 0% 0% 0% 100%	ct)		
8.	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pro  Fiscal Year (уууу-уу)  Is future funding like	equested (from que amount of this requested) s for Fiscal Year 20 eviously received :	estion #6)  Destion #6)	Amount  650,000  0  1,000 0  651,000  No  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ct)		
8.	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pro  Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate n	equested (from que amount of this requested (from que) amount of	estion #6)  D24-2025  State funding?  Dunt  Nonrecurring  ed?  nt per year.	Amount  650,000  0  1,000  0  651,000  No  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ct)		
8.	Total Project Cost f  Type of Funding Total State Funds R  Matching Funds Federal State (excluding the Local Other  Total Project Costs  Has this project pro  Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate n	equested (from que amount of this requested (from que) amount of	estion #6)  D24-2025  State funding?  Dunt  Nonrecurring  ed?  nt per year.	Amount  650,000  0  1,000 0  651,000  No  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ct)		



Yes

14. Program Performance

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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

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The city received approximately	\$1.2 million and used it toward	ds a variety of projects			
Complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Projects			
11. Status of Construction					
a. What is the current phase of	the project?				
Planning • Design	○ Construction ○ N//	A			
b. Is the project "shovel ready"	b. Is the project "shovel ready" (i.e permitted)?				
c. What is the estimated start da					
d. What is the estimated comple	etion date of construction?	8/1/2024			
City of Bonifay - Self  13. Details on how the requested s	tate 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					
Fixed Capital Construction/Major Renovation:					
rixed Capital Collstituction/Majo	or Renovation:		0		
Construction/Renovation/Land/ Planning Engineering	or Renovation: Design, Bidding, Construction	on, and Inspection.	650,000		

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



15.

16.

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There is a section of Telefair Street & Iowa Avenue where sidewalk and lighting is in desperate need to be repaired and/or installed. Some sections have no sidewalks and street lighting in the core of the City of Bonifay. The sidewalk and lighting can be considered safety hazard to the public during events in our community. The City desperately needs funding to install and replace sidewalks and improve street lighting to provide a safe environment for the County, City and visitors to our City.

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

The services provided will be the installation and rehabilitation of sidewalks, landscaping, and lighting as needed. This project will serve not only local citizens but also persons that attend city, county and regional events at local facilities. The project enhances Florida's tourist industry providing improvements to route for persons traveling to Florida Beaches.

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

The project will provide a safe rout within and for events and functions within the core of City for all events and travelers in the downtown area. This project will serve not only local citizens but also persons that attend city, county and regional events at City facilities and functions.

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

The target population are the citizen of Bonifay and Holmes County (2700 and 20000, respectively). As well as, visitors and guests to the area.

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

Benefit for the project could be measured by number vehicles parked along roadway, pedestrian counts during events, and total attendee count at local stores and venders. Ticket sales at events, physical counts by organizations and entities conducting events. Potential traffic counts prior to and after construction project.

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?

The Contracting agency, City of Bonifay will establish a Critical path with date specific targets for pre-development. Once bids are received and awarded for the project, the contract will have specific contract completion dates, if not met contractor will be subject to Liquidated Damages, assessed on a daily basis.

Requester Contact Information						
a. First Name	Sierra	Last Name S	mith			
b. Organization	Holmes County School Board					
c. E-mail Address	sierra.smith@cityofbonifay.com					
d. Phone Number	(850)487-5002	Ext.				
Recipient Contact Information						
a. Organization Holmes County School Board						
b. Municipality and County Holmes						
c. Organization Type						
□For Profit Entity						
□Non Profit 501(c)(3)						
□Non Profit 501(c)(4)						



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☑Local Entity					
□University or Co	□University or College				
□Other (please sp	□Other (please specify)				
d. First Name	Sierra	Last Name	Smith		
e. E-mail Address sierra.smith@cityofbonifay.com					
f. Phone Number (850)487-5002					
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d Phone Number				[	