

1. Project Title

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

N Swinton Roadway & Underground Utility Improvements - Phase 2 -

LFIR # 3691

•	Delray Beach				
2. Senate Sponsor	Lori Berman				
3. Date of Request	01/25/2024				
4. Project/Program	Description				
cracking, and acce the deficiencies in deficient pedestria corridor, will also l constructed in cal	on Avenue is experiencing pavement elerated deterioration adversely import the existing roadway, underground an lighting and non-continuous sidewing addressed. Phase 1 - NW/NE 17 the endar year 2024. State funds are been as which will be constructed in cale	acting roadway stability ar utility infrastructure, and the valks, which prohibit pedenth th St to north of NW 25th (ing requested for Phase 2	nd rideability. The ci the drainage system strian connectivity th Ct / north city limits (ty intends to address under this project. Also, proughout the roadway (+/-0.6 miles) will be	
5. State Agency to	receive requested funds Dep	artment of Transportation			
State Agency cor	ntacted? No				
		0004 0005			
	onrecurring Request for Fiscal Yea	ar 2024-2025		I	
Type of Funding		Amo	ount		
Operations			0		
Fixed Capital Outl			1,500,000		
Total State Fund	s Requested		1,500,000		
7. Total Proiect Cos	t for Fiscal Year 2024-2025 (includ	ding matching funds ava	ilable for this proje	ect)	
Type of Funding	<u> </u>	Amount	Percentage		
	Requested (from question #6)	1,500,000	38%		
Matching Funds	Troquested (Herri queetter #e)	1,000,000	3370		
Federal		0	0%		
State (excluding the	he amount of this request)	0	0%		
Local	, ,	2,500,000	62%		
Other			0%		
Total Project Cos	sts for Fiscal Year 2024-2025	4,000,000	100%		
9 Has this project i	previously received state funding	? No			
	previously received state fullding	: [110]		ı	
Fiscal Year	Amount	Specific	Vetoed		
(уууу-уу)	Recurring Nonrecurri	ng Appropriation #			
9. Is future funding	likely to be requested?	No			
a. If yes, indicate nonrecurring amount per year.					
• •	source of funding that can be used				
	The transfer of the transfer o	an neu or state funding.	•]	
Local funds				1	



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No		
If yes, indicate the amount of funds received and what the funds were used for.		
None		

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

Planning	Design	Construction	O N/A	
b. Is the project "shovel ready" (i.e permitted)?				Yes
c. What is the est	March 2025			
d. What is the est	imated comple	tion date of construc	ction?	November 2025

12. List 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 Delray Beach (municipal government and right-of-way owner)

13. 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/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Rehabilitation of existing roadway surfaces and underground infrastructure; enhancements to public safety through improved roadway design, drainage, pedestrian & bicycle facilities, and pedestrian-scale lighting; preserving the character of the historic neighborhood; and maintaining the existing tree canopy.	1,500,000	
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 1,500,000		

- 14. Program Performance
 - a. What specific purpose or goal will be achieved by the funds requested?



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Rehabilitation of existing roadway surfaces and underground infrastructure; enhancements to public safety through improved roadway design, drainage, pedestrian & bicycle facilities, and pedestrian-scale lighting; preserving the character of the historic neighborhood; maintaining the existing tree canopy.

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

Improved roadway conditions, drainage, ADA accessibility, bicycle facilities, and pedestrian lighting. Preservation of a historic neighborhood. Maintaining the existing tree canopy.

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

Improved roadway conditions, drainage, ADA accessibility, bicycle facilities, and pedestrian lighting. Preservation of a historic neighborhood. Maintaining the existing tree canopy

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

Immediate impacts to the surrounding neighborhoods, who have been requesting for years that poor roadway conditions be addressed. Being that N Swinton Ave is a public road, the entire city is expected to be served (approx. 65,000 residents).

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

Improved roadway conditions, drainage, ADA accessibility, bicycle facilities, and pedestrian lighting. Preservation of a historic neighborhood. Maintaining the existing tree canopy

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?

Liquidated damages (for unsubstantiated project delays past the contracted completion date) and recovery of damages suffered by third parties (for continuation of construction engineering and inspection services past the contracted completion date).

. Requester Contact Information				
a. First Name	Missie		Last Name	Barletto
b. Organization	City of De	elray Beach - Pul	olic Works D	epartment
c. E-mail Address	barlettom	@mydelraybeac	h.com	
d. Phone Number	(561)243	-7000	Ext.	4104
. Recipient Contact Information				
a. Organization	City of De Departme	elray Beach - Pul ent	olic Works	
b. Municipality and County Palm Beach				
c. Organization Type				
□For Profit Entity				
□Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
☑Local Entity				



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□Other (please specify)

d. First Name	Missie	Last Name	Barletto
e. E-mail Address	barlettom@mydelraybeac	h.com	
f. Phone Number	(561)243-7000		

17. Lobbyist Contact Information

a. Name	Mathew Forrest
b. Firm Name	Ballard Partners
c. E-mail Address	mat@ballardpartners.com
d. Phone Number	(561)253-3232