

### LFIR # 1478

1. Project Title West Mitchell Hammock Road Corridor Safety Improvements

2. Senate Sponsor Jason Brodeur

3. Date of Request 2/10/2025

### 4. Project/Program Description

State funds would be utilized to complete safety improvements along a major corridor related to flow of state's commerce -West Mitchell Hammock Road from Norma Avenue to State Road 426, in Oviedo. The safety improvements include the construction of a wide (8 foot minimum) sidewalk/path and are consistent with the Vision Zero Action Plan to eliminate traffic related fatalities for pedestrians and bicyclists.

5. State Agency to receive requested funds

Department of Transportation

State Agency contacted? No

### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	45%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,800,000	55%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,300,000	100%

### 8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

### 9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

### b. Describe the source of funding that can be used in lieu of state funding.

# **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

No

No

Local Funding Initiative Reques
Fiscal Year 2025-2026

The Florida Senate

0. Status of Construction a. What is the cur		he project?		
O Planning	📀 Design	◯ Construction ◯ N/A		
b. Is the project "	shovel ready" (	(i.e permitted)?	No	
c. What is the est	imated start da	te of construction?	01/01/2026	
d. What is the est	imated comple	tion date of construction?	01/01/2027	
e. What funding s	stream will be u	sed for ongoing operations	and maintenance o	of the project?
The City of Oviec improvements.	do may utilize loo	cal option gas tax and general	fund dollars to main	tain the road

# 11. 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.

The road improvements will take place on City Right of Way, the City of Oviedo should receive any funding.

### 12. 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		
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	Construction of the proposed safety improvements. The safety improvements include the construction of a wide sidewalk/path that is a minimum of 8 feet wide.	1,500,000
Total State Funds Requested (m	ust equal total from question #6)	1,500,000

### 13. Program Performance

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

Improve roadway safety, and healthy lifestyles through pedestrian and bicycle friendly infrastructure.

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

Approximately .68 miles of safety improvements along Mitchell Hammock Road from Norma Avenue to SR 426. Improvements include a minor widening, sidewalk installation, median installation, and other safety modifications.



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

The West Mitchell Hammock Corridor Safety Improvement Project will allow for a more safe commute from SR 434 to SR 426 and SR 417.

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

43,000 daily commuters that utilize West Mitchell Hammock Road.

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

The cost for crashes that lead to kills or serious injuries (KSIs) have an estimated cost to the state's insurance market in the millions. Studies show that increasing pedestrian options on a HIN reduces fatalities or serious injuries and thus improves the flow of the state's commerce and better protects the state's fragile insurance market. The number of KSIs on that road can be measured each year to determine if the increased pedestrian options reduce KSIs, and thus, improve the flow of commerce in the region.

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 in the contract?

If the City of Oviedo does not meet deliverables as established by the Florida Department of Transportation, it will return the funds.

#### 14. Is this project related to mitigation, response, or recovery from a natural disaster? No

#### a. If Yes, what phase best describes the project?

- □ Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

### 15. Has the entity applied for or received federal assistance for this project?

□ Yes, Applied

□ Yes, Received

🗆 No

□ No, but intends to apply

### a. If yes, provide the FEMA project worksheet ID#:

### b. Provide the total project cost listed on the FEMA project worksheet:

### 16. Has the entity applied for or received state assistance for this project (other than this request)?

□ Yes, Applied



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□ Yes, Received

🗆 No

□ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

### **17. Requester Contact Information**

a. First Name	Patrick	Last Name	Kelly
b. Organization	City of Oviedo, Florida		
c. E-mail Address	pkelly@cityofoviedo.net		
d. Phone Number	(407)971-5508	Ext.	

### **18. Recipient Contact Information**

a. Organization	City of Oviedo, Florida	

b. Municipality and County Seminole

c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)

☑Local Entity

□University or College

□Other (please specify)

d. First Name	Paul	Last Name	Yeargain
e. E-mail Address	pyeargain@cityofoviedo.r	net	
f. Phone Number	(407)971-5654	Ext.	

### **19. Lobbyist Contact Information**

a. Name	Christopher L. Carmody
b. Firm Name	GrayRobinson PA
c. E-mail Address	chris.carmody@gray-robinson.com
d. Phone Number	(407)843-8880



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.