

**LFIR # 2048** 

| 1. | Project Title  | Pompano Beach  | n - Dixie Highway Sa  | afety Corridor - Phase   | 2 3   |   |
|----|--|--|---|--|---|---|
| 2. | Senate Sponsor   | Jason Pizzo  |   |  |   |   |
| 3. | Date of Request  | 2/24/2025  |   |  |   |   |
| 4. | Project/Program De   | escription   |   |  |   |   |
|    | and safe flow of traff includes the installat  | fic by eliminating ris<br>tion of a barrier fend   | sks, hazards and accee along the west pr  | cessibility associated   | with fatal events ar<br>way, a pedestrian w | s and ensure a smooth<br>nd catastrophes. It<br>valkway, safety lighting, |
| 5. | State Agency to red  | ceive requested fu   | inds Departm  | ent of Transportation  |   |   |
|    | State Agency conta   | acted? No  |   |  |   |   |
| 6. | Amount of the Nonr   | recurring Request  | for Fiscal Year 20  | 25-2026  |   |   |
|    | Type of Funding  |  |   | Amo  | unt   |   |
|    | Operating  |  |   |  | 0   |   |
|    | Fixed Capital Outlay   |  |   |  | 985,000                                     |   |
|    | Total State Funds F  | Requestea  |   |  | 985,000                                     |   |
| 7. | Total Project Cost f   | or Fiscal Year 202   | 5-2026 (including   | matching funds avai  | ilable for this proje                       | ect)  |
|    | •  |  | ` _   | <b>J</b>   |   | 1   |
|    | Type of Funding  |  | ,   | Amount   | Percentage                                  |   |
|    | Type of Funding Total State Funds R  |  | ,   |  | • •   |   |
|    | Type of Funding Total State Funds R Matching Funds   |  | ,   | Amount 985,000   | Percentage 8%                               | ·   |
|    | Type of Funding Total State Funds R Matching Funds Federal   | equested (from que   | estion #6)  | Amount 985,000   | Percentage<br>8%                            |   |
|    | Type of Funding Total State Funds R Matching Funds Federal State (excluding the  | equested (from que   | estion #6)  | 985,000<br>0<br>0  | Percentage 8% 0% 0%                         |   |
|    | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local  | equested (from que   | estion #6)  | 985,000<br>0<br>0<br>11,615,000  | Percentage<br>8%<br>0%<br>0%<br>92%         |   |
|    | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other  | equested (from que<br>amount of this requ  | estion #6)  | 985,000<br>0<br>0<br>11,615,000<br>0   | Percentage  8%  0%  0%  92%  0%             |   |
|    | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local  | equested (from que<br>amount of this requ  | estion #6)  | 985,000<br>0<br>0<br>11,615,000  | Percentage<br>8%<br>0%<br>0%<br>92%         |   |
| 8. | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other  | amount of this requested Year 20   | estion #6)  uest)  025-2026  state funding?   | 985,000<br>0<br>0<br>11,615,000<br>0   | Percentage  8%  0%  0%  92%  0%             |   |
| 8. | Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the romatching Funds Fiscal Year  | amount of this requested Year 20 eviously received most recent instar  | estion #6)  uest)  025-2026  state funding?   | Amount 985,000  0 11,615,000 0 12,600,000  Yes                                 | Percentage  8%  0%  0%  92%  0%             |   |
| 8. | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I   | amount of this requested Year 20 eviously received most recent instar  | pestion #6)  uest)  025-2026  state funding? nce:   | Amount 985,000  0 0 11,615,000 0 12,600,000  Yes                               | Percentage  8%  0%  0%  92%  0%  100%       |   |
| 8. | Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the romatching Funds Fiscal Year  | equested (from que<br>amount of this requested for Fiscal Year 20<br>eviously received most recent instar  | pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  | Amount 985,000  0 11,615,000 0 12,600,000  Yes  Specific Appropriation #       | Percentage  8%  0%  0%  92%  0%  100%       |   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I  Fiscal Year (yyyy-yy) 2024-25 Is future-year fundi                          | amount of this requested for Fiscal Year 20 eviously received most recent instar  Amore Recurring  | estion #6)  Destion #6)   | Amount 985,000  0 11,615,000 0 12,600,000  Yes  Specific Appropriation #       | Percentage                                  |   |
|    | Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the romatching funds Fiscal Year (yyyy-yy) 2024-25                                  | amount of this requested for Fiscal Year 20 eviously received most recent instar  Amore Recurring  | estion #6)  Destion #6)   | Amount 985,000  0 11,615,000 0 12,600,000  Yes  Specific Appropriation # 2069A | Percentage                                  |   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re Fiscal Year (yyyy-yy) 2024-25 Is future-year funding a. If yes, indicate ne | amount of this requested for Fiscal Year 20 eviously received most recent instar  Amount of this requested for Fiscal Year 20 eviously received for Fiscal Year 20 eviously for Fis | estion #6)  Destion #6) | Amount 985,000  0 11,615,000 0 12,600,000  Yes  Specific Appropriation # 2069A | Percentage                                  |   |



**LFIR # 2048** 

| a. What is the current   | phase of the project?  |   |           |
|--|--|---|-----------|
| Planning   | Design   | ○ N/A   |           |
| b. Is the project "sho   | vel ready" (i.e permitted)?  | Yes   |           |
| c. What is the estimate  | ed start date of construction  | 02/02/2026  |           |
|  | ad completion data of const  | uction? 12/31/2026  |           |
|  | m will be used for ongoing o   | perations and maintenance of the pro  | -         |
| e. What funding strea  | m will be used for ongoing o<br>ks Department's annual budge<br>d maintenance. This budget is                | perations and maintenance of the pro  | E         |
| e. What funding streat The City's Public Work required operations at the City Commission of  I. List the owners of the | m will be used for ongoing o<br>ks Department's annual budge<br>id maintenance. This budget is<br>very year. | perations and maintenance of the pro-<br>includes funds to conduct periodic and<br>approved, authorized and appropriated<br>or indirectly, any fixed capital outlay | d<br>d by |

### 12

| Spending Category Description                                   |  | Amount  |  |
|---|--|---------|--|
| Administrative Costs:   |  |         |  |
| Executive Director/Project Head Salary and Benefits             |  | 0       |  |
| Other Salary and Benefits                                       |  | 0       |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     |  | 0       |  |
| Consultants/Contracted Services/Study                           |  | 0       |  |
| Operational Costs   |  |         |  |
| Salary and Benefits   |  | 0       |  |
| Expense/Equipment/Travel/Supplies/Other                         |  | 0       |  |
| Consultants/Contracted<br>Services/Study                        |  | 0       |  |
| Fixed Capital Construction/Majo                                 | r Renovation:  |         |  |
| Construction/Renovation/Land/<br>Planning Engineering           | Construction of new sidewalks/multi-use path, bicycle lanes, lighting, upgraded drainage, landscaping, traffic calming devices, new traffic signals. | 985,000 |  |
| Total State Funds Requested (must equal total from question #6) |  |         |  |

### 13. Program Performance

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

Construct new safe sidewalks/multi-use path, bicycle lanes, lighting, upgraded drainage, landscaping, traffic calming devices, new traffic signals.

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



□ No

□ No, but intends to apply

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 2048** 

The City will retain a General Contractor (GC) to conduct and manage all aspects of construction in compliance with applicable State and Broward County codes. The GC will be responsible for the installation of sidewalks/multi-use path, bicycle lanes, lighting, upgraded drainage, lush landscaping, traffic calming devices, new traffic signals as per plans prepared by the Engineer of Record (EOR) and permitted by all applicable government agencies having jurisdiction.

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

Upon completion, the project will add new American with Disabilities Act (ADA) compliant pedestrian facilities along the west side of the roadway as well as accessible routes to and from Broward County Transit bus stops on both sides of the street. In addition, the City plans to resurface the roadway, restripe it and add/improve signalization, making the roadway safer for local residents and visitors alike. The plan proposes to add lighting that will support pedestrian and vehicular activity on a roadway that currently lacks sufficient coverage. As such, the project will provide a safer environment to users and reduce the risks of accidents and crime. Lastly, lush medians and sidewalk landscaping will add to the beauty of the corridor providing a soft and appealing environment.

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

The localized population residing in Pompano Beach's Districts 3 and 4, totaling well over 10,000 residents. However, the actual population served is far greater as Dixie Highway has in excess of 20,000 daily trips in Pompano Beach and well over 800,000 in Broward County.

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

The City expects the project to contribute to pedestrian safety, reduction of vehicular accidents, but more importantly the project will be measured by the reduction of localized crime and unsafe conditions. The project will help increase property values and will serve to catapult job creation and the development of the City's new Downtown. The Downtown, when completed, will add well over 4,000 new permanent jobs, new housing, retail and commercial space in an area that has been depressed. The improved safety corridor will serve as one of the main arteries to get to Downtown. The results will be measured by reduction of fatalities and accidents, pedestrian related crime cases, and new jobs and businesses attracted to the area.

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?

| ٦      | The City uses Liquidated Damages of \$1,000/day for failure to complete a project in a timely fashion.   |
|--------|--|
| 14. Is | this project related to mitigation, response, or recovery from a natural disaster? No                    |
| a. I   | f 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. I   | Name of the natural disaster (or Executive Order # for events not under a federal declaration):          |
|        |  |
| 15. Ha | as the entity applied for or received federal assistance for this project?                               |
|        | Yes, Applied   |
|        | Yes, Received  |
|        |  |



**LFIR # 2048** 

| a. If yes, provide th                | e FEMA p           | oroject workshe   | et ID#:       |                        |                         |
|--------------------------------------|--------------------|-------------------|---------------|------------------------|-------------------------|
| b. Provide the total                 | project c          | ost listed on the | e FEMA proj   | ect worksheet:         |                         |
| 6. Has the entity app                | lied for o         | r received state  | assistance t  | or this project (other | than this request)?     |
| ☐ Yes, Applied                       |                    |                   |               |                        |                         |
| ☐ Yes, Received                      |                    |                   |               |                        |                         |
| □ No                                 |                    |                   |               |                        |                         |
| ☐ No, but intends to                 | o apply            |                   |               |                        |                         |
| a. If yes, specify the Commerce):    | e progran          | n and state ager  | ncy (ex. Loca | al Government Emerç    | gency Bridge Loan, Depa |
|                                      |                    |                   |               |                        |                         |
| _                                    |                    |                   |               |                        |                         |
| . Requester Contact<br>a. First Name | : Informat<br>Earl | ion               | Last Name     | Dogworth               |                         |
| b. Organization                      |                    | ompano Beach      | Last Name     | bosworth               |                         |
| c. E-mail Address                    |                    | •                 | n             |                        |                         |
| d. Phone Number                      |                    | •                 | Ext.          |                        |                         |
| . Recipient Contact                  | Informati          | on                |               |                        |                         |
| a. Organization                      |                    | ompano Beach      |               |                        |                         |
| b. Municipality and                  | d County           | Broward           |               |                        |                         |
| c. Organization Ty                   | ре                 |                   |               |                        |                         |
| □For Profit Entity                   |                    |                   |               |                        |                         |
| □Non Profit 501(c                    | :)(3)              |                   |               |                        |                         |
| □Non Profit 501(c                    | :)(4)              |                   |               |                        |                         |
| ☑Local Entity                        |                    |                   |               |                        |                         |
| ☐University or Co                    | llege              |                   |               |                        |                         |
| □Other (please sp                    | · ·                |                   |               |                        |                         |
|                                      |                    |                   | ]             | December 1             |                         |
| d. First Name                        | Earl               |                   | Last Name     | Rosworth               |                         |

Ext.

**f. Phone Number** (954)786-4601



**LFIR # 2048** 

| 19. Lobbyist | Contact | Inform | nation |
|--------------|---------|--------|--------|
|--------------|---------|--------|--------|

| a. Name           | Robert Schenck       |  |
|-------------------|----------------------|--|
| b. Firm Name      | The Legis Group      |  |
| c. E-mail Address | Rob@legisgroupfl.com |  |
| d. Phone Number   | (352)585-7338        |  |

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