

LFIR # 1649

1.	Project Title	Fort Lauderdale	- Galt Ocean M	lile Corrid	or Improvemen	ts Final Phase		
2.	Senate Sponsor	Jason Pizzo						
3.	Date of Request	10/22/2025						
4.	Project/Program De	escription						
	milling and resurfacing and adding stamped revitalize a corridor the	vill modernize the Galt Ocean Mile by upgrading aging infrastructure and enhancing public safety through surfacing worn pavement, constructing wider sidewalks, installing bike lanes, enhancing pedestrian lighting, camped asphalt raised intersections with updated markings and signage. These enhancements will pridor that has not been renovated since 1996, creating a safer, more accessible environment for residents while strengthening multimodal transportation, reducing vehicle and pedestrian conflicts, and supporting the						
5.	State Agency to rec	eive requested fu	n ds Depa	artment of	Transportation			
	State Agency contact	cted? No						
			for Final Voc	- 202C 20	107			
0. /	Amount of the Nonro	ecurring Request	ioi riscai iea	11 2020-20	_		1	
	Type of Funding				Amo	_	1	
	Operating Fixed Capital Outlay					0 1,250,000	-	
		Poguestod						
l	Total State Funds Requested 1,250,000							
	7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)							
7.	Total Project Cost fo	or Fiscal Year 2026	6-2027 (includ	ing matc	hing funds ava	ilable for this proj	ect)	
7. ⁻	Total Project Cost fo	or Fiscal Year 2026	6-2027 (includ		hing funds ava	Percentage	ect)	
7. -	•		,			•		
7.	Type of Funding		,		mount	Percentage		
7.	Type of Funding Total State Funds Re		,		mount	Percentage		
7.	Type of Funding Total State Funds Re	equested (from que	stion #6)		mount 1,250,000	Percentage 50%		
7.	Type of Funding Total State Funds Re Matching Funds Federal	equested (from que	stion #6)		mount 1,250,000 0	Percentage 50%		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from que	stion #6)		mount 1,250,000 0	Percentage 50% 0% 0%		
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8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other	equested (from quested amount of this requested for Fiscal Year 20 eviously received s	est) 26-2027 state funding?	A	mount 1,250,000 0 1,250,000 0 2,500,000	Percentage 50% 0% 0% 50% 0%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre If yes, provide the n	equested (from quested amount of this requested for Fiscal Year 20 eviously received s	est) 26-2027 state funding? ce:	Yes	mount 1,250,000 0 1,250,000 0 2,500,000 Specific	Percentage 50% 0% 0% 50% 0%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre If yes, provide the n	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 26-2027 state funding? ce:	Yes	mount 1,250,000 0 1,250,000 1,250,000 2,500,000	Percentage 50% 0% 0% 50% 100%		
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8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre If yes, provide the n Fiscal Year (yyyy-yy)	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan Amore Recurring	stion #6) 26-2027 state funding? ce: unt Nonrecurrir 500	Yes	1,250,000 0 1,250,000 0 2,500,000 Specific propriation #	Percentage 50% 0% 50% 0% 50% 100% Vetoed		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre If yes, provide the normal fiscal Year (yyyy-yy) 2025-26	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan Amo Recurring 0	stion #6) 26-2027 state funding? ce: Nonrecurrir 500 uested?	Yes Ap	1,250,000 0 1,250,000 0 2,500,000 Specific propriation #	Percentage 50% 0% 50% 0% 50% 100% Vetoed		
9.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre If yes, provide the n Fiscal Year (yyyy-yy) 2025-26 Is future-year funding a. If yes, indicate no	amount of this requested (from quested (from quested (from quested amount of this requested seviously received seviously receiv	stion #6) 26-2027 state funding? ce: Nonrecurrir 500 uested? nt per year.	Yes Ap ,000	mount 1,250,000 0 1,250,000 0 2,500,000 Specific propriation #	Percentage 50% 0% 50% 50% 100% Vetoed		
9.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm of the color) Local Other Total Project Costs Has this project pre If yes, provide the note of the color of t	amount of this requested (from quested (from quested (from quested amount of this requested seviously received seviously receiv	stion #6) 26-2027 state funding? ce: Nonrecurrir 500 uested? nt per year.	Yes Ap ,000	mount 1,250,000 0 1,250,000 0 2,500,000 Specific propriation #	Percentage 50% 0% 50% 50% 100% Vetoed		



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?							
○ Planning ○ Design ⊙ Construction ○ N/n	A						
b. Is the project "shovel ready" (i.e permitted)?	Yes						
c. What is the estimated start date of construction?	1/1/2026						
d. What is the estimated completion date of construction?	01/01/2027						
e. What funding stream will be used for ongoing operations	and maintenance of the project?						
City of Fort Lauderdale general revenue.							
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.							
City of Fort Lauderdale							

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	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Milling and resurfacing existing pavement, wider sidewalks, landscape improvements, stamped asphalt raised intersections, pedestrian lighting, pavement markings and regulatory signs.	1,250,000
Total State Funds Requested (m	nust equal total from question #6)	1,250,000

13. Program Performance

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

To revitalize the Galt Ocean Mile by milling and resurfacing worn pavement, constructing wider sidewalks, upgrading streetscape, adding bike lanes, improving pedestrian lighting, and installing raised intersections with updated pavement markings and signage. This will modernize a corridor, creating a safer, more accessible environment for residents, visitors, and tourists.

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



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The project will provide activities and services including milling and resurfacing existing pavement, constructing wider sidewalks, installing pedestrian lighting, creating stamped asphalt raised intersections, improving pavement markings and regulatory signage, and adding bike lanes to enhance safety and mobility.

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

Citizens will directly benefit from safer and more mobile streets through wider sidewalks, raised crosswalks, improved lighting, enhanced and upgraded bike lanes and walkways. These services will promote walkability, encourage active transportation, reduce safety risks, and improve the overall quality of life for residents, businesses, and visitors.

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

Residents, businesses, and visitors frequenting the beaches, businesses, and surrounding amenities. The improvements span from NE 32nd Street to NE 41st Street, covering seven intersections and serving over 10,000 residents and visitors annually.

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

The project will enhance transportation safety and accessibility. Residents and visitors will benefit from wider sidewalks, improved lighting, safer intersections, and bike lanes, resulting in improved mobility, reduced pedestrian/vehicle conflicts, stronger economic activity, and an enhanced quality of life; all measured using pre- and post-project data, traffic counts; accident and crime statistics; business and tourism activity levels; and community satisfaction surveys.

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?

The penalty for failing to meet the deliverables or performance measures will require the City to refund the funding

	ba	ick to the State.
14	. Is t	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. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15	. Ha	s 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:



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6. Has the entity app	lied for or received state	assistance t	or this projec	t (other tha	an this reque	est)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Governmen	t Emergen	cy Bridge Lo	an, Departme
7. Requester Contact	t Information					
a. First Name	Daphnee	Last Name	Sainvil			
b. Organization	City of Fort Lauderdale					
c. E-mail Address	dsainvil@fortlauderdale.g	ov				
d. Phone Number	(954)299-7806	Ext.				
3. Recipient Contacta. Organizationb. Municipality and	City of Fort Lauderdale					
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Gary	Last Name	Foster			
e. E-mail Address	gfoster@fortlauderdale.go	V				
f. Phone Number	(954)828-6233	Ext.				
9. Lobbyist Contact I	nformation					
a. Name	Jared Rosenstein					
b. Firm Name	Capital City Consulting LI	_C				



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c. E-mail Address	jared@cccfla.com	
d. Phone Number	(786)247-8716	

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