



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Real Time Monitoring and Prediction of Reduced Visibility Events on Florida’s Highways

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Using multi-level fog monitoring stations and weather modeling to affordably improve prediction and detection of reduced visibility conditions on Florida roadways. Prediction of reduced visibility can reduce accidents, improve traffic management, increase efficiency, save money and most importantly save lives of the more than 18 million residents who call Florida home and the over 100 million travelers who visit Florida annually.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Transportation

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000		2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Continuing the deployment of multi-level fog monitoring stations for further data analysis and refinement of the weather and fog models in central, western central, northeastern, and southern Florida with the goal of providing advanced warning of fog and other weather road conditions to reduce crashes, improve traffic management, increase efficiency, save money, and protect the lives of the 18 million residents who call Florida home.

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

Warning of reduced visibility conditions which could negatively impact motorists and roadway conditions

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	To manage the overall project and be responsible for producing results based on the goals of the project.	100,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Includes researchers responsible for validation, duration, and effects of fog and other reduced visibility conditions. Also includes meteorologists, engineers, and technicians to install and maintain the systems	450,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, expenses and O&M for existing and new sites. Data acquisition, QC, monitoring and web hosting.	1,450,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Immediate notifications on the highway via mobile signage about driving hazards such as fog which reduce visibility and may negatively impair driving.

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

This project will serve all drivers and passengers on roadways throughout the state of Florida.

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

The ability to provide state agencies with a weather system and modeling to warn motorists and post travel warnings prior to a major decline in visibility. The outcome would be measured by the lead time or prediction window ahead of reduced visibility events used to alert or redirect motorist and the overall accuracy of an event occurrence.

g. 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 Department determines that the performance is unsatisfactory, the Department can send notification of the deficiency and which correction shall be made within a reasonable time-frame. A corrective action will be



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provided to the Department. If the corrective plan is not met a non- performance retainage equivalent to 5% of the invoice amount will be initiated. The retainage will be held until the deficiency is resolved.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

none

13. Requestor Contact Information:

- a. **Name:** Rhonda Copley
- b. **Organization:** PraxSoft, Inc.
- c. **Email:** rhonda@praxsoft.com .
- d. **Phone Number:** (407)903-9396

14. Recipient Contact Information:

- a. **Organization:** PraxSoft, Inc.
- b. **County:** Orange
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Amin Ismail
- e. **E-mail Address:** Amin@praxsoft.com
- f. **Phone Number:** (407)903-9396

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Christopher Coker
- b. **Firm:** Coker Consulting, llc
- c. **Email:** chris@cokerconsultingfl.com
- d. **Phone Number:** (850)570-5432