



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** CR 361 Beach Road Curve Realignment

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Re-alignment of roadway segment to address roadway safety and departures.

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
69,110	517,622	586,732

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	48,503	7.6%
Other	0	0.0%
TOTAL	48,503	7.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 635,235

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

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

### 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?

Re-alignment of roadway segment to address roadway safety and departures.

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

Execution and construction of a roadway re-alignment.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Re-alignment of roadway segment to address roadway safety and departures.	117,613
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	ROW Acquisition and construction of roadway segment re-alignment	517,622
TOTAL		635,235

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

Enhance public safety. There have been two fatalities and several vehicle accidents at this site.

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

Local and visiting citizens traveling in Taylor County and our coastal communities. This is a heavily traveled roadway accessing the coastal areas of the county not only by the local citizens but by numerous tourists using the County's public boating facilities. This road also serves as a key storm evacuation route.

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

Enhanced public safety. Current roadway design standards and fewer traffic incidents.

**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?**

Withholding of funds.

**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.**

Taylor County Board of Commissioners

**13. Requestor Contact Information:**

- a. **Name:** Kenneth Dudley
- b. **Organization:** Taylor County Board of Commissioners
- c. **Email:** County.engineer@taylorcountygov.com
- d. **Phone Number:** (850)838-3500 Ext. 4

**14. Recipient Contact Information:**

- a. **Organization:** Taylor County Board of Commissioners
- b. **County:** Taylor
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)



# *The Florida Senate*

## *Local Funding Initiative Request - Fiscal Year 2018-2019*

☐ Non Profit 501(c) (4)

☒ Local Entity

☐ University or College

☐ Other (Please specify)

**d. Contact Name:** Kenneth Dudley

**e. E-mail Address:** County.engineer@taylorcountygov.com

**f. Phone Number:** (850)838-3500 Ext. 4

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**