



# The Florida Senate

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

1. **Title of Project:** LYNX Operations Center Expansion for Paratransit/On-Demand

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

The purpose of this request is to consolidate all of LYNX operations for fixed route and paratransit services at a single location. Currently, LYNX leases for approximately \$250,000 per year, an off-site facility that is over 6 miles from the current operations center. This consolidation will allow for cost savings with respect to the lease fees and through consolidation of duplicative operational costs.

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 |
|---------------------------------|---|---------------------------------------|
| 720,000                         | 3,600,000                                 | 4,320,000                             |

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

| Type   | Amount    | Percent |
|--|-----------|---------|
| Federal                                      | 4,300,000 | 44.3%   |
| State (excluding the amount of this request) | 0         | 0.0%    |
| Local  | 1,080,000 | 11.1%   |
| Other  | 0         | 0.0%    |
| TOTAL  | 5,380,000 | 55.4 %  |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 9,700,000

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.



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|                           |   |  |   |
|---------------------------|---|--|---|
| <b>FY:</b>                | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b><br>(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<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(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?**

The purpose of this request is to consolidate all of LYNX operations for fixed route and paratransit services at a single location. Currently, LYNX leases for approximately \$250,000 per year, an off-site facility that is over 6 miles from the current operations center. This consolidation will allow for cost savings with respect to the lease fees and through consolidation of duplicative operational costs.

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

Design, engineering, and construction.

**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 type="checkbox"/> Consultants/Contracted Services/Study               |             |        |
| Operational Costs  |             |        |
| <input type="checkbox"/> Salary and Benefits                                 |             |        |



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|   |   |           |
|---|---|-----------|
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other                      |   |           |
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |   |           |
| Fixed Capital Construction/Major Renovation   |   |           |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Engineering and design. Land clearing and construction. | 4,320,000 |
| TOTAL   |   | 4,320,000 |

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

Consolidated services at a single location provides better management, oversight, and on-time performance.

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

Persons with disabilities.

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

Better on-time performance and call hold times improved.

**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?**

Florida Department of Transportation withholds transit state block grant funding.

**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.**

Central Florida Regional Transportation Authority

**13. Requestor Contact Information:**

- a. **Name:** Tiffany Homler
- b. **Organization:** Central Florida Regional Transportation Authority
- c. **Email:** thomler@golynx.com
- d. **Phone Number:** (407)254-6064

**14. Recipient Contact Information:**

- a. **Organization:** Central Florida Regional Transportation Authority
- b. **County:** Orange, Osceola, Seminole
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity



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University or College

Other (Please specify) Regional Transportation Authority, F.S. 343

**d. Contact Name:** Tiffany Homler

**e. E-mail Address:** thomler@golynx.com

**f. Phone Number:** (407)254-6064

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

**a. Name:** John Wayne

**b. Firm:** Peebles & Smith

**c. Email:** john@peebles-smith.com

**d. Phone Number:** (850)570-7242