



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Calienta Street Stormwater and Roadway Improvements

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/13/2017

4. **Project/Program Description:**

Planning and design of Hernando County Flood Evacuation Route and Water Quality Project for Caliente Street in Hernando Beach.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	260,000	260,000

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	140,000	35.0%
Other	0	0.0%
TOTAL	140,000	35.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

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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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:			

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?

Planning and design of secure flood evacuation for citizens of Hernando Beach and improve Gulf water quality.

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

Roadway/Drainage design and construction plans.

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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Professional Engineering Design Services	400,000
TOTAL		400,000

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

Provide recreational access and an emergency evacuation route.

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

All Hernando County Residents for recreational access and 350 families of Hernando Beach for flood evacuation.

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

This project is expected to improve the security and safety of the public during hurricanes, improve environmental quality and wildlife habitat, and enhance economic opportunity through increased tourism and employment. Project success will be measured by assessing changes in existing metrics such as state employment data, state water quality data, and public safety data.

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?

County will reimburse state funding for non-performance of contract.

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.

Hernando County.

13. Requestor Contact Information:

- a. **Name:** Leonard Sossamon
- b. **Organization:** Hernando County Board of County Commissioners
- c. **Email:** lsossamon@hernandocounty.us
- d. **Phone Number:** (352)754-4060

14. Recipient Contact Information:

- a. **Organization:** Hernando County Board of County Commissioners, Department of
- b. **County:** Hernando
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Gordon Onderdonk

e. E-mail Address: gonderdonk@hernandocounty.us

f. Phone Number: (352)754-4060

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

a. Name: Shawn Foster

b. Firm: Sunrise Consulting Group

c. Email: foster@scgroup.us

d. Phone Number: (727)808-4131