



# The Florida Senate

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

1. **Title of Project:** Hillsborough County School Sidewalks and Safety Enhancement

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

Support the County's transportation plan and community Vision Zero Action Plan to provide safer, more convenient and comfortable walking, cycling, access to transit, and safer routes to and from school for students. Design and construction of sidewalks, lighting, crosswalks, warning devices, and other pedestrian safety enhancements near schools.

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:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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?

Yes

#### a. If yes, indicate non-recurring amount per year.

\$1-3M per year for 2 years.

### 11. Program Performance:

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

Support the County's transportation plan and community Vision Zero Action Plan to provide safer, more convenient and comfortable walking, cycling, access to transit, and safer routes to and from school for students. Design and construction of sidewalks, lighting, crosswalks, warning devices, and other pedestrian safety enhancements near schools.

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

Construction of sidewalks, lighting, crosswalks, warning devices, and other pedestrian and bicycle safety enhancement near schools.

#### 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		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<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	Design and construction of sidewalks, lighting, crosswalks, warning devices, and other pedestrian safety enhancements near schools.	2,000,000
TOTAL		2,000,000

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

Support the County's transportation plan and community Vision Zero Action Plan to provide safer, more convenient and comfortable walking, cycling, access to transit, and safer routes to and from school for students. Design and construction of sidewalks, lighting, crosswalks, warning devices, and other pedestrian safety enhancements near schools.

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

Countywide = 1.5M people.

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

1. Decrease the potential for vehicle crashes involving pedestrians and bicyclists. Number of walkers and bicyclists provided separation from motor vehicles in the road corridors within a two mile radius of schools. 2. Safer walking and bicycling conditions for students, and a shift in mode of transportation from vehicles to walking or biking. The amount of new sidewalks, number of crosswalks, number of traffic devices, and the number student walkers before and after project completion. 3. Amount of increased walking by students as result of new sidewalks and safety enhancements. The number of students being transported before enhancements and the total new miles being walked by students.

**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.**



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Hillsborough County.

**13. Requestor Contact Information:**

- a. **Name:** John Lyons
- b. **Organization:** Hillsborough County
- c. **Email:** lyonsj@hillsboroughcounty.org
- d. **Phone Number:** (813)307-4754

**14. Recipient Contact Information:**

- a. **Organization:** Hillsborough County Public Works Department
- b. **County:** Hillsborough
- 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:** James Hudock
- e. **E-mail Address:** hudockj@hillsboroughcounty.org
- f. **Phone Number:** (813)307-1827

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

- a. **Name:** Jim Taylor
- b. **Firm:** Hillsborough County
- c. **Email:** taylorj@hillsboroughcounty.org
- d. **Phone Number:** (813)276-2640