



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Old Moultrie (CR 5A) Safety Improvements

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**

Funds will be used for the purpose of improving traffic safety and congestion, pedestrian/bike safety, and water quality on Old Moultrie. The construction includes turn lanes, bike lanes, sidewalks, and stormwater ponds.

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
	8,500,000	8,500,000

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	4,141,269	32.5%
Other	108,731	0.9%
TOTAL	4,250,000	33.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 12,750,000

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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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?

To improve traffic safety and increase roadway capacity.

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

The construction includes turn lanes, bike lanes, sidewalks, and stormwater ponds.

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	Construction of pedestrian and bicycle safety improvements, stormwater facilities, and capacity improvements to reduce traffic congestion.	8,500,000
TOTAL		8,500,000

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

This project will protect the general public from harm

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

The general public

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

Protect the general public from harm and improve traffic congestion. Traffic counts and surveys to measure outcomes.

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?

The standard penalties in place for noncompliance are sufficient.

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.

St. Johns County

13. Requestor Contact Information:

- a. **Name:** Michael Wanchick
- b. **Organization:** St. Johns County Board of County Commissioners
- c. **Email:** mwanchick@sjcfl.us
- d. **Phone Number:** (904)209-0533

14. Recipient Contact Information:

- a. **Organization:** St. Johns County Board of County Commissioners
- b. **County:** Saint Johns
- 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: Neal Shinkre

e. E-mail Address: nshinkre@sjcfl.us

f. Phone Number: (904)209-0266

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

a. Name: Joe Mobley

b. Firm: The Fiorentino Group

c. Email: jmobley@thefiorentinogroup.com

d. Phone Number: (904)358-2757