



# The Florida Senate

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

1. **Title of Project:** State Road 16 (SR 16) and International Golf Parkway (IGP) intersection improvements

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

Funds will be used improve traffic safety and capacity at this intersection. The construction includes travel lanes, turn lanes, and signal improvements.

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
	4,000,000	4,000,000

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	1,162,762	19.4%
Other	837,238	14.0%
TOTAL	2,000,000	33.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,000,000

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?

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 travel lanes, turn lanes, and sidewalk and signal improvements.

#### 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.	4,000,000
TOTAL		4,000,000

**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 will 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?**

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.**

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 Funding Initiative Request - Fiscal Year 2018-2019*

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

**d. Contact Name:** Neal Shinkre

**e. E-mail Address:** nshinkre@jcfl.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