



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1021

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Funding to purchase replacement fuel tank which will provide storage capacity for both diesel and regular fuel. The existing storage needs to be replaced. The proposed tank will enable Good Wheels to fuel both the older diesel vehicles and the newer regular gasoline vehicles as required by FDOT. The need is critical during hurricanes when local gas stations are out of fuel.

The other equipment to be purchased is a lift for the maintenance of Good Wheels' 70 paratransit vehicles.

Good Wheels clients are disadvantaged residents of Lee, Collier, Hendry, and Glades Counties, who need to be transported to dialysis, chemo, and other medical appointments.

Good Wheels is the CTC in Lee, Hendry, and Glades Counties.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="500,000"/>
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="500,000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:
- | Fiscal Year
(yyyy-yy) | Amount | | Specific
Appropriation # | Vetoed |
|--|--|--|--|--|
| | Recurring | Nonrecurring | | |
| <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1021

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	In-ground diesel and regular fuel storage tank. Removal of existing tank. Lift equipment for the maintenance of 70 paratransit vehicles.	500,000
Total State Funds Requested (must equal total from question #6)		500,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1021

11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

To provide fuel for paratransit vehicles at wholesale prices thus reducing operating costs for the CTC and providing fuel for critical medical transport during and after hurricanes when gasoline stations are out of fuel. The lift will provide for the safe maintenance of Good Wheels' 70 paratransit vehicles.

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

Removal of the existing diesel storage tank; permitting; and installation of a new diesel and regular gasoline in-ground storage tank. Removal of malfunctioning lift and installation of a new lift.

- c. What direct services will be provided to citizens by the appropriation project?

The new fuel tank will provide service during hurricanes to disadvantaged residents of Lee, Collier, Hendry, and Glades counties. During other periods reduced costs will enable more trips to disadvantaged residents of the counties.

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

Disadvantaged residents of southwest Florida. Good Wheels provides approximately 150,000 trips per year.

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

Fuel costs and insurance costs will be reduced. These cost reductions will result in more funds being available for additional trips to the disadvantaged. These cost reductions can be measured by year to year comparisons of the rate models submitted to the Commission for the Transportation Disadvantaged.

- f. 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?

No funding in the future.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1021

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Good Wheels, Inc.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.