

LFIR # 2453

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
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Consultants/Contracted Services/Study	Downtown redevelopment plan design.	100,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Streetscape improvement initiatives, including first phase of historic brick street restoration, leveling of roadbed, drainage and other structural repairs/rehab, and sidewalk improvements for ADA compliance.	750,000
Total State Funds Re	equested (must equal total from question #6)	850,000



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 Program Performanc 	е
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11.	Program Performance					
a.	What specific purpose or goal will be achieved by the funds requested?					
	 Design a downtown redevelopment plan to direct the city in addressing its downtown redevelopment efforts. Use the downtown redevelopment plan to coordinate the benefits of restoration of streetscapes (brick streets), roadway improvements, drainage and structural rehab/repair, and assuring compliance with ADA requirements. 					
b.	What activities and services will be provided to meet the intended purpose of these funds?					
	Safer transportation and ADA accessibility. Reduce roadway flooding in specific areas.					
C.	What direct services will be provided to citizens by the appropriation project?					
	Safer transportation and ADA accessibility. Reduce roadway flooding in specific areas.					
d.	Who is the target population served by this project? How many individuals are expected to be served?					
	Citizens and visitors to the City of Green Cove Springs downtown area. This area will include the historic courthouse, jail, and the overall historic triangle at the west end of Walnut Street. Visitation could exceed 35,000 people per year.					
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?					
	(1) Improve stormwater management - Better drainage from new infrastructure. Measure: # of flooding events. (2) Enrich the cultural experience - More visitors to historic sites and attractions in the downtown and historic triangle area of Walnut Street. Measure: # of downtown visitors. (3) Protect the public from harm (environmental, criminal, etc.) - Safer streets, sidewalks, and ADA accessibility. Measure: # of vehicle and pedestrian accidents. (4) Improve transportation conditions - Safer streets, sidewalks, and ADA accessibility. Measure: # of veh. and ped. accidents. (5) Increase or improve economic activity - More retail redevelopment downtown due to improved streetscapes appearances. Measure: # of visitors, # of new businesses, and increase in new sales. (6) Increase tourism - More patrons at downtown businesses. Measure: # of visitors and amount of business sales. (7) Create specific immediate job opportunities – Businesses hiring. Measure: # new employees.					
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?					
	Return funds. Increase liquidated damages.					



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	City of Green Cove S	prings.					
R	equestor Contac	t Information					
a.	First Name	Steve	Last Name	Kennedy			
b.	Organization	City of Green Cove Springs					
c.	E-mail Address	skennedy@greencovesprings.co	m				
d.	Phone Number	(904)297-7500	Ext. 3312				
R	ecipient Contact Information						
a.	Organization	City of Green Cove Springs					
b.	Municipality and	County Clay					
c.	. Organization Type						
	O For-profit E	ntity					
	O Non-Profit	501(c) (3)					
	O Non-Profit	501(c) (4)					
	Local Entity	tity					
	O University of	or College					
	Other (please specify)						
d.	First Name	Steve	Last Name	Kennedy			
e.	E-mail Address						
f.	Phone Number	(904)2977500					
L	obbyist Contact I	nformation					
а	. Name	Joe Mobley					
b	. Firm Name	The Fiorentino Group					
	E-mail Address	jmobley@thefiorentinogroup.com					