



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2359

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The East Avenue complete streets project will create a multi-modal corridor that will provide a safe pathway for students, pedestrians and cyclists. Specifically, the project will create narrow vehicle travel lanes and roundabouts to slow traffic. Landscaped center islands with LID storm water features. Bicycle trails, sidewalks and raised sidewalk crossings for additional pedestrian safety.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	24%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	6,500,000	76%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	8,500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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\$19,000,000 Used for general funds and COVID-19 expenses.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

3/1/2025

d. What is the estimated completion date of construction?

3/1/2026

12. List 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.

City of Clermont

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design and construction of improvements.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

14. Program Performance

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

Improve safety and accessibility.

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

Construction of improvements.

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

Improved safety and accessibility.



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

43,000 residents of Clermont and surrounding communities.

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

Improved safety and accessibility. Measure accidents and injuries before improvements and after.

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 the contract?

Repay 100% of the allocation.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number