



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3402

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

**4. Project/Program Description**

Located within the Rolling Hills community, this is a Complete Streets project that will enhance mobility, safety, and livability along North St., Raymond Ave., and N. Palm Springs Dr. Additional roundabouts, medians, crosswalks, and widened sidewalks, will serve to reconfigure access, improve safety, expand site lines, slow driver speeds, and increase access to the Seminole Wekiva Trail for pedestrians and cyclists. An initial public meeting was hosted on 11/14/19 to discuss the study phase. Participants submitted feedback, which served as a foundation for the final design. Subsequent community meetings were held on 7/18/22 and 7/9/23. There is significant community support for this project, including residents of the Rolling Hills neighborhoods. The Rolling Hills Corridor Enhancement Study (April 2020) supports and documents this project, and this Complete Streets project complements the Rolling Hills Master Plan, which was developed in early-2019.

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	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

**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)	1,000,000	6%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	16,800,000	94%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>17,800,000</b>	<b>100%</b>

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.**
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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.

Seminole County Government received \$91.6 million in American Rescue Plan Act funds related to the COVID-19 pandemic.

## 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

Seminole County Government is responsible for the direct administration of these funds in the form of construction, engineering, and inspection costs.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction, engineering, and inspection costs.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

14. Program Performance

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



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

Funds will support construction, engineering, and inspection activities for this project, which is listed on the Metro Plan (MPO) and FDOT project lists (FPID 449736-1).

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

Pedestrians, cyclists, and drivers will experience improved mobility, safety, and livability along the included roads (N. Palm Springs, Raymond Ave, North St). The addition of roundabouts, medians, widened sidewalks, and crosswalks will serve to reconfigure access, improve safety, expand site lines, slow driver speeds, and increase access to the Seminole Wekiva Trail.

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

This project will serve both Seminole and Orange County drivers, as well as local residents and area cyclists. More than 1,000 individuals will be served.

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

This project will provide the following benefits: Improved driver, pedestrian, and cyclist safety with the addition of medians, roundabouts, crosswalks, and sidewalks (number of recorded automobile crashes and incidents in the area; recorded driver speeds); increased access to Seminole Wekiva Trail with proposed trail connection (use of trail by pedestrians and cyclists); improved mobility, site lines, and access to the area with the addition of medians, roundabouts, and sidewalks (pedestrian, cyclist, and transit use and measured driver speeds).

**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?**

Return of funds to state agency

**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



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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**