

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2842

| 1. Project Title | Nassau County Public Transpo | rtation Improvements | | | |
|--|--|---|---|--|--|
| 2. Senate Sponsor | Clay Yarborough | | | | |
| 3. Date of Request | 03/01/2023 | | | | |
| 4. Project/Program D | escription | | | | |
| Nassau County. Na transit system in Na (staff of 27) includin existing bus wash s and plumbing upgrasupplies, as well as Transportation, and | ested to provide much needed ren ssau County Council on Aging, Inclussau County. The renovation projeg space for safety meetings, CPR/tation on the property to a garage lades for the growing number of drivadditional space to store administration lighting and camera security systems stolen in the recent past). | ., operates NassauTRAI ct includes: creating trai first aid classes, training repair shop for small bus ers and office personnel rative materials and reco | NSIT, the only Florida ning stations for drive and retraining cours repairs and routine , adequate storage f rds required by the I | a designated public ers and dispatchers es, converting an maintenance, bathroom or bus and bus operator Department of | |
| | | artment of Transportatio | า | | |
| State Agency conta | | | | | |
| 6 Amount of the Non | recurring Request for Fiscal Yea | r 2023-2024 | | | |
| | Todaring Request for Fiscar Tea | | ount. | 1 | |
| Type of Funding | | AIII | ount | - | |
| Operations Fixed Capital Outloo | , | | 725,000 | 1 | |
| Fixed Capital Outlay Total State Funds | | 725,000 | | | |
| Total State I ulius | Nequesteu | | 725,000 | J | |
| 7. Total Project Cost | for Fiscal Year 2023-2024 (includ | ing matching funds av | ailable for this proj | ect) | |
| Type of Funding | | Amount | Percentage | | |
| Total State Funds R | Requested (from question #6) | 725,000 | 96% | | |
| | | | | | |
| Matching Funds | | | | | |
| Matching Funds Federal | | C | 0% | | |
| Federal | e amount of this request) | (| | | |
| Federal | amount of this request) | | 0% | | |
| Federal State (excluding the | e amount of this request) | (| 0% 0% | | |
| Federal State (excluding the Local Other | amount of this request) s for Fiscal Year 2023-2024 | (| 0% 0% 4% | | |
| Federal State (excluding the Local Other Total Project Cost | | 30,000 755,000 | 0% 0% 4% | | |
| Federal State (excluding the Local Other Total Project Costs 8. Has this project pr | s for Fiscal Year 2023-2024 eviously received state funding? | 30,000 755,000 | 0% 0% 4% 100% | | |
| Federal State (excluding the Local Other Total Project Cost | s for Fiscal Year 2023-2024 | 30,000 755,000 No | 0% 0% 4% | | |
| Federal State (excluding the Local Other Total Project Costs 8. Has this project pr | s for Fiscal Year 2023-2024 eviously received state funding? Amount | 30,000 755,000 No | 0% 0% 4% 100% | | |
| Federal State (excluding the Local Other Total Project Cost: 8. Has this project pr Fiscal Year (уууу-уу) | s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurri | 30,000 755,000 No Specific Appropriation # | 0% 0% 4% 100% | | |
| Federal State (excluding the Local Other Total Project Cost: 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li | s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurring kely to be requested? | 30,000 755,000 No | 0% 0% 4% 100% | | |
| Federal State (excluding the Local Other Total Project Cost: 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li | s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurri | 30,000 755,000 No Specific Appropriation # | 0% 0% 4% 100% | | |
| Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li a. If yes, indicate r | s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurring kely to be requested? | 30,000 755,000 No Specific Appropriation # | 0% 0% 4% 100% Vetoed | | |
| Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li a. If yes, indicate r | s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurring kely to be requested? nonrecurring amount per year. | 30,000 755,000 No Specific Appropriation # | 0% 0% 4% 100% Vetoed | | |



14. Program Performance

Yes

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

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| If yes, indicate the amount of fu | inds received and what the | funds were used for. | |
|---|---------------------------------|--|---------|
| Federal funding assistance (oper In 2020, CARES \$1,523,665.00 In 2022, CRRSSA \$1,778,030.00 | | AL): | |
| Complete questions 11 a | nd 12 for Fixed Cap | ital Outlay Projects | |
| 11. Status of Construction | | | |
| a. What is the current phase of | the project? | | |
| | Construction | | |
| b. Is the project "shovel ready" | (i.e permitted)? | No | |
| c. What is the estimated start da | ate of construction? | 10/01/2023 | |
| d. What is the estimated comple | etion date of construction? | 10/31/2024 | |
| Nassau County Council on Agin 13. Details on how the requested s | g, owner | • | |
| 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/Majo | or Renovation: | | |
| Construction/Renovation/Land/ Planning Engineering | Architectural design services | s, etc Renovations, upgrades and stem facility. in Nassau County | 725,000 |
| Total State Funds Requested (m | • | | 725,000 |
| Total State I ulius Nequested (II | iusi equai iolai iroiii queslic | עוו יויטן יויט | 125,000 |

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



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□For Profit Entity

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To become more self sufficient with maintenance program requirements imposed by the Florida Department of Transportation and lower costly repair bills and long wait times when working with local garages. To provide adequate space to accommodate growing staff numbers. To renovate existing transit agency interior space to provide better facilities for training and administrative functions which will in turn promote a higher level of service to Florida residents.

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

Fleet vehicle inspections and light maintenance. Dedicated office space for transportation manager to better support the needs of vehicle operators and daily operations, Training area for bus operators and staff to allow more regular on-site education opportunities such as recurrent CPR training, better access to the latest safety, customer service, and recurrent computer based and trainer run courses. Adequate storage for supplies, records, and administrative materials. The goal of renovating the transportation system's facility and bus wash station is to provide a better public transit system experience to Nassau County.

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

Nassau County Council on Aging, Inc., will provide more reliable, timely and safer public transportation in Nassau County with the help of the appropriation project.

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

Nassau County Council on Aging, Inc., is the community transportation coordinator for Nassau County designated by the Florida Commission for the Transportation Disadvantaged (within the Florida Department of Transportation). NCCOA operates NassauTRANSIT. The target population is the general public including seniors, disabled residents, the economically challenged, and children at risk. More than 1,500 individual Florida residents will be served by this project every year.

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

The expected outcome of the renovation is to lower costs for vehicle maintenance to save tax payers money. Access to an onsite garage will shorten wait time when the vehicles are not on the road serving the public because they are waiting to be serviced at busy local garages. NassauTRANSIT's reliability and ability to help more community members will be increased with better access to quality maintenance. Enhanced training facilities will promote access to the latest training opportunities and improve driver safety performance.

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?

| Standard contract | penalties are suf | ficient. | | | |
|----------------------|--------------------------------------|----------|------------------|--|--|
| | | | | | |
| 5. Requester Contact | Information | | | | |
| a. First Name | Janice | Last Nan | ne Ancrum | | |
| b. Organization | Nassau County Council on Aging INC. | | | | |
| c. E-mail Address | jancrum@nassaucountycoa.org | | | | |
| d. Phone Number | (904)261-0701 | E | xt. 1007 | | |
| 6. Recipient Contact | Information | | | | |
| a. Organization | Nassau County Council on Aging, Inc. | | | | |
| b. Municipality and | l County Nass | au | | | |
| c. Organization Ty | pe | | | | |



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| ☑Non Profit 501(c | c)(3) | | | |
|----------------------------------|----------------------|-----------|--------|--|
| □Non Profit 501(c | 2)(4) | | | |
| □Local Entity | | | | |
| □University or Co | llege | | | |
| □Other (please sp | pecify) | | | |
| d. First Name | Janice | Last Name | Ancrum | |
| e. E-mail Address | jancrum@nassaucounty | coa.org | | |
| f. Phone Number | (904)261-0701 | | | |
| 17. Lobbyist Contact Information | | | | |
| a. Name | None | | | |
| b. Firm Name | None | | | |
| c. E-mail Address | | | | |
| d. Phone Number | | | | |