



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1624

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will reconstruct an existing two lane urban roadway section into a four lane road with median/turn lanes, bike lanes, curb & gutter, sidewalks and stormwater management. CR 218 is listed as the only "critically deficient" road in Clay County.

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               | 1,500,000        |
| <b>Total State Funds Requested</b> | <b>1,500,000</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)       | 1,500,000         | 7%          |
| <b>Matching Funds</b>                                |                   |             |
| Federal  | 0                 | 0%          |
| State (excluding the amount of this request)         | 0                 | 0%          |
| Local  | 19,500,000        | 93%         |
| Other  | 0                 | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>21,000,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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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The County received CARES, ARPA, and COVID-19 related grant funding for a broad range of public health and economic recovery projects related to the 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)?

Yes

c. What is the estimated start date of construction?

07/01/2024

d. What is the estimated completion date of construction?

06/30/2025

**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.**

Clay County Board of County Commissioners will own and maintain CR 218 and receive the fixed capital outlay funding to design and construct the project for road widening.

**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                      | Design and construct widened lanes of traffic and safety improvements for intersections - Material, Labor, Equipment | 1,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>1,500,000</b> |

**14. Program Performance**

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

Add traffic lanes to existing roadways. These additional traffic lanes will:  
 Alleviate traffic congestion;  
 Provide deceleration lanes for safer turns;  
 Provide turns lanes outside of travel lanes;  
 Provide side walks & bike lanes connecting residential foot traffic to commerce, regional library and recreational field;  
 Decrease greenhouse gases.



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

The roads will be maintained by the County.

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

Improved roadways and gutter systems; Safer routes for foot and bike traffic; Improved drainage and stormwater management.

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

The entire population of the County (218,245) will be served by this project.

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

Alleviate part of the roadway critical deficiencies on County Road 218 in Clay County,

**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?**

The local government is responsible for conforming with all federal and state regulations governing the program. All local governments must comply with federal regulations and certify that, if funded, they will comply with all applicable laws and requirements.

**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**



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#### 17. Lobbyist Contact Information

|                   |  |
|-------------------|--|
| a. Name           | <input type="text" value="Mercer Fearington Jr."/>           |
| b. Firm Name      | <input type="text" value="The Southern Group"/>              |
| c. E-mail Address | <input type="text" value="fearington@thesoutherngroup.com"/> |
| d. Phone Number   | <input type="text" value="(850)671-4401"/>                   |