

1. Project Title

No

2. Senate Sponsor

Jason Brodeur

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

Central Florida Expressway Authority - Trooper Patrol Unit for DHSMV

LFIR # 1060

3. Date of Request	01/13/2023						
4. Project/Program D	escription						
costs to add one a the increase in vehic traveling public on O Brevard, Lake, Orar	additional unit of 8 t cle crashes and res CFX's regional netw nge, Osceola, and S	roopers to patro pond more rapid ork of expressw Seminole countid	ol road dly w vays f es. C	ds owned, operated, hen they occur. Req or 3.3 million resider FX's 125-mile user-fi	and maintained by uested funds would ats and more than 7 and more than 7 and by stem included system included system included system included and and and and and are are and and and and are	unds would pay DHSMV CFX in order to mitigate protect the safety of the 2 million visitors in des 865 lane miles, 73 nt named expressways.	
5. State Agency to re	ceive requested fu	ı nds Depa	artme	nt of Highway Safety	and Motor Vehicles	S	
State Agency conta	acted? Yes						
6. Amount of the Non	recurring Request	for Fiscal Yea	r 202	3-2024			
Type of Funding				Amount			
Operations					1,522,613		
Fixed Capital Outlay	/				0		
Total State Funds	Requested				1,522,613		
7. Total Project Cost f	for Fiscal Year 202	3-2024 (includ	ing n	natching funds avai	lable for this proje	ect)	
Type of Funding				Amount	Percentage		
Total State Funds R	Requested (from que	estion #6)		1,522,613	100%		
Matching Funds							
Federal				0	0%		
State (excluding the amount of this request)				0	0%		
Local				0	0%		
Other				0	0%		
Total Project Costs	s for Fiscal Year 20	023-2024		1,522,613	100%		
8. Has this project pr	eviously received	state funding?	•	No			
Fiscal Year Amount				Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurrin	ng	Appropriation #			
9. Is future funding li	kely to be request	ed?		Yes			
a. If yes, indicate n	onrecurring amou	ınt per year.		1,522,613			
b. Describe the so	urce of funding the	at can be used	in lie	eu of state funding.			
							
N/A							
10. Has the entity req	uesting this proje	ct received any	/ fed	eral assistance rela	ted to the COVID-1	19 pandemic?	



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If yes, indicate the amount of funds received and what the funds were used for.	
	7

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11	. Status of Cons	truction		
•	a. What is the c		f the project?	
	OPlanning	ODesign	Construction	
	b. Is the project	"shovel ready	" (i.e permitted)?	
	c. What is the es	stimated start	date of construction?	
	d. What is the e	stimated comp	pletion date of construction?	
12			to receive, directly or indirec ners of the facility and the ent	outlay funding. Include the

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	Salaries, benefits, overtime, and salary incentives to hire a new unit of 8 highway patrol officers all reimbursed by the Central Florida Expressway Authority.	719,810
Expense/Equipment/Travel/Supplies/ Other	All associated costs including expenses, communications, vehicles, operation of motor vehicles, equipment, mobile data terminals, and indirect costs are reimbursed to the Department of Highway Safety and Motor Vehicles by the Central Florida Expressway Authority.	769,091
Consultants/Contracted Services/Study	Associated expenses related to trooper training.	33,712
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,522,613

14. Program Performance

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

Protect the safety of the traveling public on CFX's regional network of expressways.

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



15.

16.

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State funds would provide the mechanism by which DHSMV would contract with CFX -- and CFX funds would pay DHSMV costs -- to add one additional unit of 8 troopers to patrol roads owned, operated, and maintained by CFX in order to mitigate the growth in vehicle crashes and respond more rapidly when they occur.

	wth in vehicle crashes and i			ted, and maintained by or X in order
c. What direct ser	vices will be provided to	citizens by t	he appropriation project?	?
Protect public safe	ety on toll roads operated by	y the Central	Florida Expressway Autho	rity.
d. Who is the targ	et population served by t	his project?	How many individuals ar	re expected to be served?
3.3 million residen	nts and more than 72 million	visitors in B	revard, Lake, Orange, Osc	eola, and Seminole counties.
e. What is the exp be measured?	ected benefit or outcome	of this proj	ect? What is the methodo	ology by which this outcome will
The patrol unit wil toll roads. Outcom	I improve the safety of the t es will be measured by incr	raveling publ eased respo	lic and commercial vehicles nse time and reduced vehi	s and reduce accidents along CFX cle accidents.
	ggested penalties that the deliverables or performa	``		n addition to its standard penalties act?
CFX will reimburs	e the state 100% of the cos	sts through to	Il revenues. Standard conti	ract penalties will be sufficient.
Requester Contact	t Information			
a. First Name	Michelle	Last Name	Maikisch	
b. Organization	Central Florida Expresswa	ay Authority		
c. E-mail Address	Michelle.Maikisch@cfxwa	y.com		
d. Phone Number	(407)690-5000	Ext.		
Recipient Contact	Information			
a. Organization	Central Florida Expresswa	ay Authority		
b. Municipality and	d County Orange			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	llege			
☑Other (please sp	pecify) Agency of the State			
d. First Name	Same as above	Last Name	na	
e. E-mail Address				
f. Phone Number	(407)690-5000			

17. Lobbyist Contact Information



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a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	