



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3353

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will be allotted for the roadway extension of Challenger Boulevard to support the rapidly expanding growth within the corridor. Located adjacent to several essential and highly trafficked roadways, the Challenger Extension will support connectivity to an essential area, which is experiencing both residential and commercial growth and development in addition to the planned Lee Health hospital campus on the road.

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        |
| <b>Total State Funds Requested</b> | <b>2,000,000</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)       | 2,000,000        | 100%        |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>2,000,000</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 city spent and/or allocated \$15,759,486.00 in state and local Fiscal Recovery Funds provided through the American Rescue Plan Act. This funding was utilized for affordable housing projects and allocated toward the water plant expansion project.

## 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? 01/01/25

d. What is the estimated completion date of construction? 7/01/25

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.

The City of Fort Myers will own and be the sole recipient of any allocated funds.

### 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                      | Funds will be utilized for the construction and signalization of this roadway extension. | 2,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>2,000,000</b> |

### 14. Program Performance

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

The requested funds will be used for the construction and signalization of this roadway. The project will expand the roadway and provide access to essential facilities, including the new hospital planned for this corridor. This project will provide essential corridor expansion, reducing traffic and providing for ample and appropriate access.

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



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The construction will take place and include appropriate design, ample signalization, and bike paths.

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

The citizens will directly benefit from the extension and the expansion of this road.

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

All residents, visitors, and workers within the City of Fort Myers will benefit from this project. Particularly, it will serve all who travel on the corridor

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

The benefit will be measured by decrease in congestion along the Challenger Corridor, reduced traffic times.

**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?**

repayment of funds

**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



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b. Firm Name

c. E-mail Address

d. Phone Number