



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3595

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The project consists of the design, permitting, right of way acquisition, and/or construction of multi-modal roadway improvements along S River Road and Winchester Blvd Englewood Interstate Connector thereby protecting the health, safety, and welfare of Florida residents by increasing capacity and improving resiliency of a flood-prone primary hurricane evacuation route for the Cape Haze Peninsula, including portions of Sarasota County, Charlotte County, Lee County, and the City of North Port.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</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)	5,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,000,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>10,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

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?**

No



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

Sarasota County received approximately \$222.8 million dollars of COVID-19 relief funding through CARES Act, CRRSA, and ARPA. Funding being used to respond to short and long term impacts of the COVID-19 pandemic, including financially supporting impacted local businesses, individuals, non-profits, and municipal partners through the completed Sarasota CARES program; providing emergency rental assistance to landlords/tenants through the Sarasota ERA program; affordable housing.

## 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?

1/1/26

d. What is the estimated completion date of construction?

2/1/28

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.

Sarasota County Government

### 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	Engineering, permitting, construction costs, right-of-way acquisition, environmental planning, and/or supervision of construction to ensure project stays on time and within the budget.	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</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?**

In addition to relieving congestion, making the roadways safer, and providing a secure hurricane/emergency evacuation route, it would enhance the quality of life of local citizens by reducing emergency response times. A multi-use recreational trail is also incorporated to enhance mobility for pedestrian and bicyclists as well as connecting to the regional trail system.

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

Safer roads, reduced congestion, adequate emergency/hurricane evacuation route, improved quality of life, enhanced multi-modal facilities.

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

As the primary hurricane evacuation route for the Cape Haze Peninsula, the regional population served includes portions of Sarasota County, Charlotte County, Lee County, and the City of North Port.

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

Increased safety, improved multi-modal access and capacity, enhanced aesthetics, and reduced travel times to businesses and residential areas. New stormwater facilities provided by the project will improve management of flood waters and provide an evacuation route outside of the 100Y24H floodplain. These benefits and outcomes will be measured by responses to Sarasota County's annual citizen survey and traffic modeling to document capacity improvements.

**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?**

Performance bond, contract retainage, and liquidated damages. In severe cases of failure, vendors may be placed on a no-bid prohibition for related contracting.

**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)



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- 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**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**