



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2524

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Excessive speed was directly indicated as the primary cause of any of the 254 crashes on Hoffner Ave., and the crash data indicates that speeding is increasing the frequency and severity of crash events. A reduction in speed and crashes if roadway improvements are implemented on Hoffner Avenue along the corridor, the addition of curb and gutters, and implementing landscaping changes to the roadside plantings to create vertical friction could help reduce the speeding behavior of drivers noted on the corridor.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	53%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,325,000	47%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,825,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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?



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

## 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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

July 1, 2023

d. What is the estimated completion date of construction?

June 30, 2024

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.

City of Belle Isle

### 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	Identify and document facility problems; Develop preliminary project design/construction costs; Design the facility. Provide construction management services.	600,000
<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	This cost includes the cost for construction and FF&E cost.	900,000
<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?

The funds will improve traffic conditions and pedestrian safety on a major thoroughfare in Orange County. The East-West connector of Hoffner Avenue runs through a heavily residential area. Speed and accidents are a common occurrence.

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



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Roadway design and the addition of pedestrian safety features.

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

Improved traffic and pedestrian safety.

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

More than 6,000 residents of the City of Belle Isle.

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

Fewer traffic accidents and pedestrian injuries.

**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?**

Return 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**

GrayRobinson PA

**c. E-mail Address**

chris.dawson@gray-robinson.com

**d. Phone Number**

(407)843-8880