



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Blount Streetscape Improvements Project

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 10/24/2017

4. **Project/Program Description:**

Bridge replacement project

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Transportation

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,000,000	2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,315,000	39.7%
Other	0	0.0%
TOTAL	1,315,000	39.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,315,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Construction of streetscape improvements on corridor.

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

Complete design and construction. Improve pedestrian and traffic accessibility from Martin L. King, Jr. Boulevard to Copans Road.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	n/a	3,315,000
TOTAL		3,315,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Improve vehicular driving experience. Add missing sidewalks and on-street parking. Provide traffic controls. Improve roadway system in support of heavy trucks traffic.

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

Over 800 (students from elementary to high school, merchants, residents of all ages)

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

The redesigned roadway will improve pedestrian connectivity, improve drainage, add on street parking, improve street lighting, and add landscape. Items will be measured using Local Area Planning reporting standards.

**g. 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 in the contract?**

\$1,000 per day (liquidated damages)

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of Pompano Beach and its residents.

**13. Requestor Contact Information:**

- a. **Name:** Horacio Danovich
- b. **Organization:** City of Pompano Beach
- c. **Email:** Horacio.danovich@copbfl.com
- d. **Phone Number:** (954)786-7834

**14. Recipient Contact Information:**

- a. **Organization:** City of Pompano Beach
- b. **County:** Broward
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

☐ University or College

☐ Other (Please specify)

**d. Contact Name:** Horacio Danovich

**e. E-mail Address:** Horacio.danovich@copbfl.com

**f. Phone Number:** (954)786-7834

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Mario Bailey

**b. Firm:** Becker & Poliakoff

**c. Email:** MBailey@bplegal.com

**d. Phone Number:** (850)412-1115