



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Route Alignment Study - SR 56 Extension

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/07/2018

4. **Project/Program Description:**

Provide a study to extend SR 56 to east, SR 98 and determine the best route alignment.

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
750,000		750,000

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	200,000	21.1%
Other	0	0.0%
TOTAL	200,000	21.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 950,000

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.

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

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?

Funding is requested to conduct planning a route alignment study and PD&E for two alternatives to continue the eastward extension of SR 56 to SR 39, and to Chancey Road/CR 54 in Pasco County with connection to SR 98 and I-4.

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

This request, if funded, will provide the opportunity to design and plan for improved transportation routes along the northern tier of Greater Tampa Bay area.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Engineering and design, environmental assessment of impacts	750,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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

Enhanced traffic flows, better access, hurricane access/emergency routes.

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

Residents/visitors/tourists in West Central Florida - Pasco, Pinellas, Hillsborough and Polk Counties.

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

As part of an expanded transportation network, this alignment study will be measured through traffic counts and modeling as part of the larger transportation planning for West Central Florida.

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?

Loss of funding. Study will be implemented through Pasco County MPO and FDOT

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 Zephyrhills

13. Requestor Contact Information:

- a. **Name:** Steven Spina
- b. **Organization:** City Of Zephyrhills
- c. **Email:** sspina@ci.zephyrhills.fl.us
- d. **Phone Number:** (813)780-0011

14. Recipient Contact Information:

- a. **Organization:** City of Zephyrhills
- b. **County:** Pasco
- c. **Organization Type:**
 - ☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Todd Vande Berg

e. E-mail Address: tvandeberg@ci.zephyrhills.fl.us

f. Phone Number: (813)780-0010

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: