



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** County Road 315C Safety Improvements

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

Transportation safety improvements along County Road 315C from the Putnam County Line to County Road 214.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Transportation

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
	2,827,500	2,827,500

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,827,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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?

Provide transportation safety improvements including; intersection improvements, lane widening, adding paved shoulders, cross slope and skid hazard corrections via asphalt resurfacing, guard rail, pavement markings, and signage upgrades.

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

Design, construction, and inspection

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design, construction, and inspection	2,827,500
TOTAL		2,827,500

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

Safety Improvements to a public transportation corridor.

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

The target population are the residents of McRae and part of Putnam County. Estimated individuals served is 5,000.

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

Provide transportation safety improvements to an existing roadway corridor.

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?

Standard industry penalties

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.

Clay County

13. Requestor Contact Information:

- a. **Name:** Stephenie Kopelousos
- b. **Organization:** Clay County Board of County Commissioners
- c. **Email:** stephanie.kopelousos
- d. **Phone Number:** (904)657-1736

14. Recipient Contact Information:

- a. **Organization:** Clay County Board of County Commissioners
- b. **County:** Clay
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity



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☐ University or College

☐ Other (Please specify)

d. Contact Name: Stephenie Kopelousos

e. E-mail Address: stephanie.kopelousos

f. Phone Number: (904)657-1736

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

a. Name: Joe Mobley

b. Firm: The Fiorentino Group

c. Email: Joe@thefiorentinogroup.com

d. Phone Number: (904)866-3122