



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2559

**1. Title of Project:** Hurricane Michael - Liberty County - Road Sign and Guard Rail Repairs

**2. Senate Sponsor:** Bill Montford

**3. Date of Submission:** 03/14/2019

**4. Project/Program Description:**

To repair and replace damaged and destroyed road signs and guardrails within Liberty County, providing for safe travel for all who drive in and through Liberty County, including county citizens and citizens from other counties.

**5. State Agency to receive requested funds :** Department of Transportation

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	112,000
<b>Total State Funds Requested</b>	<b>112,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	112,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>112,000</b>	<b>100.0%</b>

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

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

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

**10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning	Expenditures to replace road signs and guardrails within Liberty	112,000
Engineering	County.	
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>112,000</b>

**11. Program Performance:**

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

To comply with state and federal Departments of Transportation requirements to serve the safety and welfare of the general public. To also serve Liberty County by providing safe and clearly marked roadways, allowing for immediate emergency response in all of Liberty County.

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

Replace damaged and destroyed road signs and guardrails within Liberty County.

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

Provide for the safe travel within Liberty County. Allow for the efficient and effective dispatch of emergency services to all citizens within the county.

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

All citizens within and those traveling through Liberty County.

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

To allow more efficient dispatch of emergency calls or service calls within Liberty County. To provide safe roadways for the traveling public within the county.

**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 in the contract?**

Standard contract penalties are sufficient.

**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.**

Liberty County.

**13. Requestor Contact Information:**

**a. Name:** Kathy Brown

**b. Organization:** Clerk of Court



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c. **E-mail Address:** kbrown@libertyclerk.com

d. **Phone Number:** (850)643-2215

#### 14. Recipient Contact Information:

a. **Organization:** Liberty County Board of County Commissioners

b. **County:** Liberty

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify)

d. **Contact Name:** Kathy Brown

e. **E-mail Address:** kbrown@libertyclerk.com

f. **Phone Number:** (850)643-2215

#### 15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**