

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1166

| 1. Project Title | 8th Street Road | way and Draina | ge Improvements - Laure | Hill | | | |
|---|---|-------------------|--|--|----------------------|--|--|
| 2. Senate Sponsor | George Gainer | | | | | | |
| 3. Date of Request | 10/14/2021 | | | | | | |
| 4. Project/Program D | escription | | | | | | |
| The reconstruction purpose of the prop | and rehabilitation o osed project is to al | f an existing two | o-lane rural roadway with during storm events and | the addition of drair restore the roadway | nage structures. The | | |
| 5. State Agency to re | ceive requested fu | ı nds Depa | artment of Transportation | | | | |
| State Agency conta | acted? No | | | | | | |
| Amount of the Non | requiring Beginst | for Eigen Von | * 2022 2022 | | | | |
| 6. Amount of the Non | recurring Request | TIOI FISCAI TEA | 1 2022-2023 | | | | |
| Type of Funding | | | Amo | unt | 1 | | |
| Operations | | | | 350,000 | 1 | | |
| Fixed Capital Outlay | | | | 0 | | | |
| Total State Funds | Requested | | | 350,000 | | | |
| 7. Total Proiect Cost f | for Fiscal Year 202 | 2-2023 (includ | ing matching funds avai | lable for this proje | ect) | | |
| Type of Funding | | | Amount | Percentage | | | |
| Total State Funds R | Requested (from au | estion #6) | 350,000 | 100% | 1 | | |
| Matching Funds | toquested (IIoIII qui | | 000,000 | 10070 | 1 | | |
| Federal | | | 0 | 0% | 1 | | |
| State (excluding the amount of this request) | | | 0 | 0% | 1 | | |
| Local | | | | 0% | 1 | | |
| Other | | | 0 | 0% | 1 | | |
| Total Project Costs for Fiscal Year 2022-2023 | | | 350,000 | 100% | | | |
| 8. Has this project pr | eviously received | state funding? | No | | | | |
| Fiscal Year | Amount | | Specific | Vetoed | | | |
| (уууу-уу) | Recurring | Nonrecurrin | Appropriation # | | 1 | | |
| | | | | | | | |
| 9. Is future funding li | kely to be request | ed? | No | | | | |
| • | • | | | | | | |
| a. If yes, indicate n | ionrecurring amou | int per year. | | | | | |
| b. Describe the so | urce of funding the | at can be used | in lieu of state funding. | | | | |
| | | | | | | | |
| | | | | | | | |
| 10. Has the entity req | juesting this proje | ct received any | / federal assistance rela | ted to the COVID- | 19 pandemic? | | |
| No | | | | | | | |
| If yes, indicate the | amount of funds | received and w | what the funds were use | d for. | | | |
| . , | | | | | | | |
| | | | | | i. | | |



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11. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | | | | | |
|---|---|---------|--|--|--|--|--|
| Administrative Costs: | | | | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | | | | |
| Other Salary and Benefits | | 0 | | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | | |
| Operational Costs: Other | | | | | | | |
| Salary and Benefits | | 0 | | | | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Surveys, engineering, design, roadway, and drainage construction. | 350,000 | | | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | | | |

12. Program Performance

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

The roadway will be redesigned to allow access to residents. Drainage structures will be installed to reduce flooding during storm events.

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

The funds will be used for the reconstruction of the existing roadway.

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

Improved access for residents of the City of Laurel Hill.

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

The proposed project is expected to have a city-wide benefit. The current population of the City of Laurel Hill is 551.

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

Once the project has been completed, a follow-up pavement assessment will be conducted. The results will be compared to the assessment completed prior to project commencement. The outcome of those assessments are expected to have a increase in the overall average condition.

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?

Standard contract penalties to be considered for failing to meet deliverables or performance standards.

13. 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.

The City of Laurel Hill owns all of the facilities for which funding is being requested.



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| 14 | . Requestor Contact | Informat | ion | | | | | | |
|-----------------------------------|-------------------------------------|------------------------|----------|-----------|--------|--|--|--|--|
| | a. First Name | Nita | | Last Name | Miller | | | | |
| | b. Organization | City of Laurel Hill | | | | | | | |
| | c. E-mail Address | clhclerk@bellsouth.net | | | | | | | |
| | d. Phone Number | (850)652 | -4441 | Ext. | | | | | |
| 15. Recipient Contact Information | | | | | | | | | |
| | a. Organization City of Laurel Hill | | | | | | | | |
| | b. Municipality and | l County | Okaloosa | | | | | | |
| | c. Organization Type | | | | | | | | |
| | □For Profit Entity | 1 | | | | | | | |
| | □Non Profit 501(c | (c)(3) | | | | | | | |
| | □Non Profit 501(c | 501(c)(4) | | | | | | | |
| | ☑Local Entity | y | | | | | | | |
| | □University or College | | | | | | | | |
| | □Other (please specify) | | | | | | | | |
| | d. First Name | Nita | | Last Name | Miller | | | | |
| | e. E-mail Address | clhclerk@bellsouth.net | | | | | | | |
| | f. Phone Number | (850)652 | -4441 | | | | | | |
| 16. Lobbyist Contact Information | | | | | | | | | |
| | a. Name | None | | | | | | | |
| | b. Firm Name | None | | | | | | | |
| | c. E-mail Address | | | | | | | | |
| | d. Phone Number | | | | | | | | |