



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1859

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding request is to be used for safety advertisements and meeting materials to aid in the prevention and reduction of accidents/deaths of motorcyclists and vulnerable road users.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 300,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 300,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 300,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 300,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2017-18 | 0 | 300,000 | 2604 | Yes |

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

If yes, indicate the amount of funds received and what the funds were used for.



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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 | All monies will be used for supplies and storage of supplies for the safety program. | 300,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 300,000 |

12. Program Performance

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

To reduce accidents and deaths for vulnerable road users.

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

Making of videos, radio ads, billboards, handouts, and seminars in schools and civic organizations on safety measures that need to be taken to prevent accidents/deaths of motorcyclists and vulnerable road users.

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

Videos, radio ads, billboards, handouts, and seminars in schools and civic organizations about safety measures.

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

All citizens who use the roads in Florida. Approximately 22 million people who live in Florida, plus visitors to the state.

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

Lives saved and less accidents by providing education to drivers and citizens on the safety of driving on the roads. It will also improve transportation conditions by reducing accidents on the roads.

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?

Loss of funding for failing to meet the deliverables. Standard contract penalties are sufficient.

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.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number