



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1238

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Program is to replace an old, unsafe pedestrian bridge with FDOT approved prefabricated facility and installation of appropriate pedestrian crosswalk apparatus and signage for students and residents to safely walk or ride bikes across a busy County roadway to attend Gove Elementary School and Mace Park. Ownership of the bridge was unclaimed by any State agency. The City, in order to protect lives, health and the safety of its citizenry, took the required steps to seek ownership and had it inspected. It was declared hazardous and unsafe and the City closed the bridge. Residents and law enforcement have reached out to the City to replace the old/unsafe bridge because it provides a safer method to cross SE Avenue G to access the school and park. Belle Glade is a financially disadvantaged municipality located in a Rural Area of Economic Opportunity, where 40.2% persons are in poverty.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	252,505
Total State Funds Requested	252,505

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	252,505	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 2023-2024	252,505	100%

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?**



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Yes

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

Received \$10,084,186. Used for loss of revenue and public safety services.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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 Belle Glade is the owner and the entity.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Operational Costs: Other		
Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Contractual engineering, permitting, bidding, project management and construction services to replace old unsafe pedestrian bridge with FDOT approved prefabricated facility and installing pedestrian crossing apparatus and signage.	252,505
Total State Funds Requested (must equal total from question #6)		252,505

14. Program Performance

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



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Goal is the protection of life, health and safety of students, residents, and citizenry by providing safe a facility to cross a busy County roadway to attend Gove Elementary School and to go to Mace Park by replacing an old, unsafe pedestrian bridge with FDOT approved prefabricated bridge and installing appropriate crosswalk apparatus and signage. Meeting permitting agencies regulations.

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

Activities include seeking contractual engineering, permitting, bidding, project management and construction services through the City's procurement policies.

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

Direct services to citizens is protection of life, health, and safety by providing safe facilities for students, residents, citizenry to cross SE Avenue G to attend Gove Elementary School and to go to Mace Park by replacing the old, unsafe pedestrian bridge and adding pedestrian crossing apparatus and signage.

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

Target population are the residents and youth in the City of Belle Glade, which is a financially disadvantaged municipality that is located in a Rural Area of Economic Concern/Rural Area of Opportunity (s. 288.0656, Florida Statutes). The number of individuals expected to be served is greater than 800.

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

Expected outcome is the successful completion and installation of FDOT approved prefabricated pedestrian bridge and the crosswalk safety apparatus and signage for the community to safely cross SE Avenue G. Measure is meeting the permitting agencies regulations and certification of the project. Protecting and meeting the needs of the citizenry.

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?

Non-payment of invoices until milestones achieved; implementation of corrective action plan, if necessary.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number