



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1975

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The proposed project facilitates scalable technology adoption at the municipal and county levels of North Florida. The resulting technology deployments of this program will be codified in a way that allows for communities across the State of Florida, no matter their population size. Additionally, with the adoption of these technologies, municipalities and counties will increase operational savings and assist their labor force in providing better county services.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

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)	600,000	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	14%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>700,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Possible private investments and/or local government matches.

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

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



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### 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.**

**13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Data/Technical Consultant - \$50,000 Communications Consultant - \$50,000	100,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The remaining \$600,000 would be contributed to sponsoring pilot technology deployments in partnership with Smart North Florida municipal and county partners. Smart North Florida would work with municipal and county partners to select technologies within this pilot program to determine technology fits.	500,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

**14. Program Performance**

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

Each of the technologies we will work to deploy will directly enhance operational efficiency and/or service provision at the municipal level. Therefore taxpaying residents will see immediate benefits of community partnership with Smart North Florida's program.

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



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Scalable technology deployment in the North Florida region will be codified in a way that allows for communities across the State of Florida to adopt smart technologies increasing operational savings and assisting their labor force for implementation of efficiencies for Floridians.

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

Smart North Florida works in a variety of city operations to assist innovation at the local level. Some of the solutions that will be deployed fall under the following operations:  
 - Stormwater Drainage Improvements  
 - Road surface defect detection

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

Florida Citizens who utilize infrastructure and services within the designated area of the project which includes Northeast Florida. Thousands of individuals are expected to be served.

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

Our smart technologies will provide benefits in several different areas, including: transportation infrastructure, traffic flow, storm water management, etc. However, during previous deployment of technologies, other benefits in cost savings and time efficiencies were realized by municipal and county governments. Smart North Florida will measure data produced from technology deployments and produce measurable case studies to determine benefit of technology deployments.

**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?**

We propose that any requested unexpended funds not spent after the close of the 2023-24 fiscal Year revert back to the State in the event for failing to meet deliverables or performance measures provided by the contract.

**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
- University or College
- Other (please specify)



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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