

LFIR # 2378

1	Project Title	City of Lauderda	le I akes Walkw	vav/G	Greenway Trail				
1. Project Title City of Lauderdale Lakes Walkway/					nochway Hall				
2.	Senate Sponsor	Rosalind Osgood	İ						
3.	Date of Request	02/19/2023							
4.	Project/Program De	escription							
	walk or access public	c transportation to d ale Lakes has a larg	connect to these ge senior citizer	e faci n pop	lities as well as con- ulation with limited a	necting with other paccess to transporta	portunities for people to eople in the community. ation. The project will		
5.	State Agency to rec	ceive requested fu	nds Depa	artme	nt of Transportation				
	State Agency conta	•	•						
			for Finant Voc	aaa	2 2024				
6. /	Amount of the Nonr	ecurring Request	TOT FISCAL YEA	r 202	3-2024		1		
	Type of Funding				Amo				
	Operations Fixed Capital Outland				0				
1	Fixed Capital Outlay Total State Funds F					584,925 584,925			
l	Total State I ulius I	\cquesieu				304,323	J		
7.	Total Project Cost f	or Fiscal Year 202	3-2024 (includi	ing n	natching funds ava	ilable for this proj	ect)		
	Type of Funding				Amount	Percentage]		
	Total State Funds Requested (from question #6)				584,925	50%			
	Matching Funds								
	Federal State (excluding the amount of this request) Local			0 0 584,925 5		-			
						_			
						 			
	Other				0				
	Total Project Costs	for Fiscal Year 20	23-2024		1,169,850	100%			
8.	Has this project pre	eviously received s	state funding?		Yes				
	Fiscal Year	Fiscal Year Amount			Specific	Vetoed]		
	(yyyy-yy)	Recurring	Nonrecurrin	na	Appropriation #	Totoou			
	2022-23	0		,995	1988A	Yes]		
۵	Is future funding lik	roly to be requeste	nd2		No				
	•				INO		7		
	a. If yes, indicate no	onrecurring amou	nt per year.	L					
	b. Describe the sou	irce of funding tha	t can be used	in lie	eu of state funding	-	_		
	Local fund								
10	. Has the entity requ	uesting this proied	t received any	/ fed	eral assistance rela	ated to the COVID-	·19 pandemic?		
•	No	5 m p 5,000		,			•		
				_					
	If yes, indicate the	amount of funds r	eceived and w	vhat 1	the funds were use	ed for.			



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Status of Construction	
a. What is the current phase of the project?	
○Planning	
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	12/2024
d. What is the estimated completion date of construction?	12/2025

13. 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	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of the Walkway/Greenway Trail on the south of SFWMD Canal C-13	584,925		
Total State Funds Requested (must equal total from question #6) 584,925				

14. Program Performance

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

The construction of Walkway/Greenway Trail will strengthen the community by providing more opportunities for people to walk or access public transportation to connect to these facilities as well as connecting with other people in the community. The City has a large senior citizen population with limited access to transportation. The project will address the needs of those senior citizen's access and also the City's overall public health goals.

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

Facility	for safe	walking	and	hiking
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c. What direct ser	vices will	be provided to	citizens by t	he appropriat	ion project	?	
Construction of a	Construction of a new Walkway/Greenway Trail.						
d. Who is the targ	d. Who is the target population served by this project? How many individuals are expected to be served?					e served?	
It will serve the cit	It will serve the city with population of 36k.						
e. What is the exp be measured?	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Health safety and an alternate route to schools.						
Health safety and							
f. What are the su for failing to meet							standard penaltie
Standard penaltie	s will apply	/.					
15. Requester Contact	t Informati	ion					
a. First Name	Treasa		Last Name	Brown-Stubbs	S		
b. Organization City of Lauderdale Lakes							
c. E-mail Address treasab@lauderdalelakes.org							
d. Phone Number	(954)535	-2787	Ext.				
16. Recipient Contact	Information	on					
a. Organization City of lauderdale Lakes							
b. Municipality and	d County	Broward					
c. Organization Ty	pe						
□For Profit Entity □Non Profit 501(c)(3)							
□Non Profit 501(d	1(c)(4)						
☑Local Entity							
□University or Co	□University or College						
□Other (please s _l	pecify)						
d. First Name	Maqsood	Mohammad	Last Name	Nasir			
e. E-mail Address	mmnasir	@lauderdalelake	s.org				
f. Phone Number	(954)535	-2712					
17. Lobbyist Contact I	nformatio	n			1		
a. Name	a. Name LaToya Sheals						
b. Firm Name	b. Firm Name Becker & Poliakoff PA						



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c. E-mail Address	Lsheals@beckerlawyers.com
d. Phone Number	(954)364-6094