



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2879

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

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	2,500,000
Total State Funds Requested	2,500,000

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)	2,500,000	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 2023-2024	2,500,000	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?**

Yes

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



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The county received \$36,693,553. Full documentation can be provided but will be broken down by economic recovery, public health and public safety, intergovernmental assistance, and contract health and human 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)?

No

c. What is the estimated start date of construction?

9/1/2023

d. What is the estimated completion date of construction?

9/30/2024

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.

Charlotte County Public Works

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 Renovation:		
Construction/Renovation/Land/Planning Engineering	Reconstruct the existing concrete strain pole/span wire intersection with more hurricane resistant mast arm traffic signal structures at Kings Highway and Harborview Road.	2,500,000
Total State Funds Requested (must equal total from question #6)		2,500,000

14. Program Performance

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

Funding to improve and harden a critical Charlotte County intersection to ensure weatherized hardening for Kings Hwy/Harborview Road.

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



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Charlotte County Public Works will be managing these funds to ensure proper usage.

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

Safety and operational improvements to the traveling public; decrease in vehicle collisions.

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

Florida drivers and Charlotte County residents

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

Increased traffic flow and significant reduction in possible serious injuries. Reviewing year-to-year vehicle crash history.

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?

Failure to meet deliverables would lead to forfeiture of the remaining balance and/or reimbursement

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) Local Government

d. First Name **Last Name**
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number