

LFIR # 1045

1.	Project Title	Rockledge - Tra	ffic Signal Revit	talization			
2.	Senate Sponsor	Tom Wright					
3.	Date of Request	2/6/2025					
	·						
4.	Project/Program De	•					
	past their life expect	ancy. For example, City's main street. V	half of the inte Vith the severity	rsections y of Flori	s identified are ne da weather, the a	earing 20 years of s age of the units, and	y in use are nearing or ervice, and are located d the significant rise in l.
5.	State Agency to red	ceive requested fu	nds Depa	artment c	of Transportation		
	State Agency conta	icted? No					
6	Amount of the Nonr	rocurring Poguest	for Eiscal Voa	r 2025_2	026		
Ο.	Amount of the Nom	ecurring Request	TOI FISCAI TEA	1 2025-2			1
	Type of Funding				Amo	-	_
	Operating					0 600,000	-
	Fixed Capital Outlay						
	Total State Funds F	Requested			600,000		
7.	Total Project Cost f	or Fiscal Year 202	5-2026 (includ	ing mate	ching funds ava	ilable for this proj	ect)
	Type of Funding				Amount	Percentage	
	Type of Funding Total State Funds R	equested (from que	estion #6)	ı	Amount 600,000	Percentage 50%	
		equested (from que	estion #6)	J			
	Total State Funds R	equested (from que	estion #6)	,			
	Total State Funds R Matching Funds			,	600,000	50%	
	Total State Funds R Matching Funds Federal				600,000	50%	
	Total State Funds R Matching Funds Federal State (excluding the				600,000 0	50% 0% 0%	
	Total State Funds R Matching Funds Federal State (excluding the Local	amount of this requ	uest)		0 0 0 600,000	50% 0% 0% 50%	
8.	Total State Funds Romatching Funds Federal State (excluding the Local Other	amount of this requestions for Fiscal Year 20	uest) 025-2026 state funding?		600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 0%	
8.	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the inferior of the state of	amount of this requestions for Fiscal Year 20	uest) 025-2026 state funding?	No	600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 0%	
8.	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the local	amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 025-2026 state funding?	No	600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 100%	
8.	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the inferior of the state of	amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 025-2026 state funding? nce:	No	600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 100%	
	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the inferior of the state of	amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 025-2026 state funding? nce: ount Nonrecurrir	No	600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 100%	
	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profif yes, provide the romatching for the romatchin	amount of this requests for Fiscal Year 20 eviously received most recent instar Amore Recurring	D25-2026 State funding? Oce: Dunt Nonrecurring	No No	600,000 0 600,000 0 1,200,000	50% 0% 0% 50% 100%	
	Total State Funds Remarks Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the remarks (уууу-уу) Is future-year fundi	amount of this request for Fiscal Year 20 eviously received most recent instar Amore Recurring	uest) D25-2026 State funding? nce: Dunt Nonrecurrir uested? nt per year.	No No	600,000 0 600,000 0 1,200,000 Specific opropriation #	50% 0% 0% 50% 100% Vetoed	
	Total State Funds Remarks Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy) Is future-year funding a. If yes, indicate new control of the reference control of	amount of this request for Fiscal Year 20 eviously received most recent instar Amore Recurring	uest) D25-2026 State funding? nce: Dunt Nonrecurrir uested? nt per year.	No No	600,000 0 600,000 0 1,200,000 Specific opropriation #	50% 0% 0% 50% 100% Vetoed	



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10. Status of Construction								
a. What is the current phase of	the project?							
Planning Design		A						
b. Is the project "shovel ready"	(i.e permitted)?	Yes						
c. What is the estimated start d	ate of construction?	10/01/2025						
d. What is the estimated compl	etion date of construction?	9/30/2026						
e. What funding stream will be	used for ongoing operations	and maintenance of the project	et?					
General Fund								
11. List the owners of the facility relationship between the own	ers of the facility and the enti	tly, any fixed capital outlay fur ity.	ding. Include the					
Spending Category	state runus wiii be expended	Description	Amount					
Administrative Costs:		Description	Amount					
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								
Salary and Benefits			0					
Expense/Equipment/Travel/Supplies, Other	<u> </u>		0					
Consultants/Contracted Services/Study			0					
Fixed Capital Construction/Major Renovation:								
Construction/Renovation/Land/ Planning Engineering	Instruction/Renovation/Land/ Anning Engineering The replacement of 8 traffic signals & traffic systems							
Total State Funds Requested (I	600,000							
13. Program Performance a. What specific purpose or g		<u> </u>						
	Updating / revitalization of Traffic signals and systems in the City. D. What activities and services will be provided to meet the intended purpose of these funds?							
Replacement of traffic signals	Replacement of traffic signals and systems							
c. What direct services will be		appropriation project?						
Safer and more reliable traffic								



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General population, anyone who operates a motor vehicle or uses the crosswalks. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Reduced risk of traffic accidents through the reduced risk of the signals failings, which will be measurable through reduced accident counts around identified intersections. 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 in the contract? Return of the money to the State 14. Is this project related to mitigation, response, or recovery from a natural disaster? No a. If Yes, what phase best describes the project? Mitigation (reducing or eliminating potential loss of life or property) Response (addressing the immediate and short-term effects of a natural disaster) Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) b. Name of the natural disaster (or Executive Order # for events not under a federal declaration): 15. Has the entity applied for or received federal assistance for this project? ☐ Yes, Applied ☐ Yes, Received □ No □ No, but intends to apply a. If yes, provide the FEMA project worksheet ID#:

16. Has the entity applied for or received state assistance for this project (other than this request)?

Yes, Applied
Yes, Received
No
No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

b. Provide the total project cost listed on the FEMA project worksheet:



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17.	17. Requester Contact Information							
	a. First Name	Brenda		Last Name	Fettrow			
	b. Organization	City of Rockledge						
	c. E-mail Address	BFettrow@CityofRockledge.org						
	d. Phone Number	(321)423						
18.	Recipient Contact							
	a. Organization City of Rockledge							
b. Municipality and County Brevard								
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c)(3)							
	□Non Profit 501(c	501(c)(4)						
	☑Local Entity	ntity						
	□University or College							
	□Other (please specify)							
	d. First Name	Victor		Last Name	Karycki			
	e. E-mail Address	VKaryckil						
	f. Phone Number	(321)423	-4306	Ext.				
19. Lobbyist Contact Information								
	a. Name	Angela M. Drzewiecki						
	b. Firm Name	GrayRobinson PA						
	c. E-mail Address	angela.drzewiecki@gray-robinson.com						
	d. Phone Number	(850)577-9090						

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.