

**LFIR # 1065** 

| 1.   | Project Title  | Clark Rd. (SR 72                             | ) Intersection Safe   | ety Improvement at Mo  | Intosh                                      |   |  |
|------|--|--|---|--|---|---|--|
| 2. 3 | Senate Sponsor   | Joe Gruters                                  |   |  |   |   |  |
| 3.   | Date of Request  | 1/23/2025                                    |   |  |   |   |  |
| 4.   | Project/Program D  | escription                                   |   |  |   |   |  |
|      | offset and bifurcated the trail entrance im                    | d by the Legacy Trai<br>proving the safety o | <ol> <li>Completing the I<br/>f the intersection for</li> </ol> | (Clark Rd) McIntosh R<br>realignment will resolve<br>or all users, motorized<br>y completing the state | e the issue of errant<br>and ped/bike and v | intersection is currently<br>t vehicles turning down<br>vill mitigate/reduce<br>ument for this project. |  |
| 5.   | State Agency to re   | ceive requested fu                           | nds Departm   | nent of Transportation   |   |   |  |
| ,    | State Agency conta   | acted? No                                    |   |  |   |   |  |
|      |  | recurring Request                            | for Fiscal Year 20  | 025-2026   |   |   |  |
|      | Type of Funding  |  |   | Amount   |   |   |  |
|      | Operating  |  |   | 5,000,000  |   |   |  |
|      | Fixed Capital Outlay   |  |   |  |   |   |  |
|      | Total State Funds  | Requested                                    |   |  | 5,000,000                                   |   |  |
| П    | Total Project Cost   | for Fiscal Year 202                          | 5-2026 (including   | matching funds ava   | Percentage                                  | ect)  |  |
|      |  | Peguested (from gue                          | etion #6)   | 5,000,000  | 62%   |   |  |
|      | Total State Funds Requested (from question #6)  Matching Funds |  |   | 3,000,000  | 02 /0                                       |   |  |
|      | Federal  |  |   | 0  | 0%  |   |  |
| F    |  | amount of this requ                          | est)  | 0  | 0%  |   |  |
|      | Local  |  |   | 3,000,000  | 38%   |   |  |
|      | Other  |  |   | 0  | 0%  |   |  |
|      | Total Project Cost   | s for Fiscal Year 20                         | 25-2026   | 8,000,000  | 100%  |   |  |
|      |  | eviously received s<br>most recent instan    | _   | No   |   |   |  |
|      | Fiscal Year  | Amo  |   | Specific Appropriation #   | Vetoed                                      |   |  |
| -    | (уууу-уу)  | Recurring                                    | Nonrecurring  | Appropriation #  |   |   |  |
|      |  |  |   |  |   |   |  |
| 9.   | ls future-year fund  | ing likely to be req                         | uested?   | No   |   |   |  |
|      | a. If yes, indicate r  | nonrecurring amou                            | nt per year.  |  |   |   |  |
|      | b. Describe the so   | urce of funding tha                          | t can be used in  | lieu of state funding.   |   |   |  |
|      |  |  |   |  |   |   |  |
|      |  |  |   |  |   |   |  |



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| u. Status of Consti        | ruction          |   |                 |                                 |
|----------------------------|------------------|---|-----------------|---------------------------------|
| a. What is the cu          | rrent phase of t | he project?   |                 |                                 |
| <ul><li>Planning</li></ul> | O Design         | Construction N/A  |                 |                                 |
| b. Is the project          | "shovel ready"   | (i.e permitted)?  | No              |                                 |
| c. What is the es          | timated start da | te of construction?   | 07/01/2027      |                                 |
| d. What is the es          | timated comple   | tion date of construction?  | 06/30/2029      |                                 |
| e. What funding            | stream will be u | sed for ongoing operations  | and maintenance | of the project?                 |
| County Gas tax             |                  |   |                 |                                 |
|                            |                  |   |                 |                                 |
|                            |                  | o receive, directly or indirec<br>rs of the facility and the enti |                 | tal outlay funding. Include the |
| Sarasota Count             | ty Government    |   |                 |                                 |
|                            |                  |   |                 |                                 |

### 12. 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/<br>Other           |   | 0         |  |
| Consultants/Contracted<br>Services/Study              |   | 0         |  |
| Operational Costs                                     |   |           |  |
| Salary and Benefits                                   |   | 0         |  |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0         |  |
| Consultants/Contracted<br>Services/Study              |   | 0         |  |
| Fixed Capital Construction/Majo                       | r Renovation:   |           |  |
| Construction/Renovation/Land/<br>Planning Engineering | Engineering, permitting, construction costs, right-of-way acquisition, environmental planning, and supervision of construction to ensure project stays on time and within the budget. | 5,000,000 |  |
| Total State Funds Requested (m                        | Total State Funds Requested (must equal total from question #6) 5,000,000   |           |  |

### 13. Program Performance

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

The project will accomplish the realignment of the SR 72 (Clark Rd) McIntosh Rd. intersection. The intersection is currently offset and bifurcated by the Legacy Trail. Completing the realignment will resolve the issue of errant vehicles turning down the trail entrance improving the safety of the intersection for all users, motorized and ped/bike and will mitigate/reduce crashes, aligning with Target Zero goals. FDOT is currently completing the state environmental document for this project.

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



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In addition to relieving congestion and making the intersection safer by reducing crashes, it would enhance the quality of life of local citizens improving the emergency response times. The project aims to integrate people, place and mobility for all roadway and Legacy Trail users. A Legacy trail connection and crossing is also incorporated to enhance safety and mobility for pedestrian and bicyclists aligning with FDOT Target Zero policies, Sarasota/Manatee MPO Vision Zero policies and goals and Sarasota County's Strategic Action Safety Plan and Bicycle and Pedestrian Master Plan (2021).

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

The project will provide improved intersection geometry for bike/ped and vehicular users. Relief in traffic congestion and enhanced safety as well as reduced emergency response times and increased intersection capacity will be the result of the funds appropriated.

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

The target population is the general population of Sarasota County, residents and visitors, in addition to travelers from adjacent counties and state travelers using SR 72 and McIntosh Rd. Vehicular traffic through this intersection totals 53,000 per day. Pedestrian and bicycle users are approximately 2000 per day (Legacy Trail).

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

The realigned intersection will be significantly safer and will reduce vehicular and pedestrian crashes for the 53,000 vehicles and 1000 pedestrians and bicyclists who use this intersection daily. It will be measured by comparing crash reports from before and after the realignment. The Economic Impact for Planning (IMPLAN) Analysis estimates the proposed project will create 88.7 jobs with a total compensation of jobs created of \$4.3M and total output within the local area of \$15M.

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?

Performance bond, contract retainage and liquidated damages. In severe cases of failure, vendors may be placed on a no-bid prohibition for related contracting.

| 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. N   | lame of the natural disaster (or Executive Order # for events not under a federal declaration):          |
|        |  |
| 15. Ha | s the entity applied for or received federal assistance for this project?                                |
|        | Yes, Applied   |
|        | Yes, Received  |
|        | No   |
|        | No, but intends to apply   |
| a. If  | f yes, provide the FEMA project worksheet ID#:   |



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| b. Provide the total   | project c   | ost listed on the | e FEMA proj  | ject worksheet:                   |                      |
|------------------------|---|-------------------|--------------|-----------------------------------|----------------------|
| 16. Has the entity app | lied for o  | r received state  | assistance   | for this project (other than this | request)?            |
| ☐ Yes, Applied         |   |                   |              |                                   |                      |
| ☐ Yes, Received        |   |                   |              |                                   |                      |
| □ No                   |   |                   |              |                                   |                      |
| □ No, but intends t    | o apply   |                   |              |                                   |                      |
|                        |   | n and state agei  | ncy (ex. Loc | al Government Emergency Bri       | dge Loan, Department |
| 7. Requester Contact   | t Informat  | tion              | 7            |                                   |                      |
| a. First Name          | Spencer   |                   | Last Name    | Anderson                          |                      |
| b. Organization        | b. Organization Sarasota County c. E-mail Address sanderson@scgov.net |                   |              |                                   |                      |
|                        |   |                   |              |                                   |                      |
| d. Phone Number        | (941)861  | -0852             | Ext.         |                                   |                      |
| 8. Recipient Contact   | Informati   | on                |              |                                   |                      |
| a. Organization        | Sarasota  | County            |              |                                   |                      |
| b. Municipality and    | d County  | Sarasota          |              |                                   |                      |
| c. Organization Ty     | pe  |                   |              |                                   |                      |
| □For Profit Entity     |   |                   |              |                                   |                      |
| □Non Profit 501(d      | c)(3)   |                   |              |                                   |                      |
| □Non Profit 501(d      | c)(4)   |                   |              |                                   |                      |
| ☑Local Entity          | , ,   |                   |              |                                   |                      |
| □University or Co      | llege   |                   |              |                                   |                      |
| □Other (please sp      | pecify)   |                   |              |                                   |                      |
| d. First Name          | Spencer   |                   | Last Name    | Anderson                          |                      |
| e. E-mail Address      | sanderso  | on@scgov.net      |              |                                   |                      |
| f. Phone Number        | (941)861  | -0852             | Ext.         |                                   |                      |
| 9. Lobbyist Contact I  | nformatio   | on                |              |                                   |                      |

Laura E. Boehmer

a. Name



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| b. Firm Name      | The Southern Group           |
|-------------------|------------------------------|
| c. E-mail Address | boehmer@thesoutherngroup.com |
| d. Phone Number   | (850)671-4401                |

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