

LFIR # 1653

1. Project Title	Delray Beach Gu	ulfstream Blvd / SE	36th Ave Streetscape	e Improvements		
2. Senate Sponsor	Lori Berman					
3. Date of Request	2/24/2025					
4. Project/Program Des	scription					
The roadway of Gulfaroadway in multiple a improve the area to e	reas due to lack of	f drainage and othe	r right of way issues.	This project will rest	causing sinking of the tore the roadway and come.	
5. State Agency to reco	eive requested fu	nds Departm	ent of Environmental	Protection		
State Agency contact	cted? No					
6. Amount of the Nonre	ecurrina Request	for Fiscal Year 20	25-2026			
	Tourning Hoquoor	101 110001 1001 20				
Type of Funding Operating			Amount			
Fixed Capital Outlay			1,000,000			
Total State Funds R	equested		1,000,000			
7. Total Project Cost fo	r Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Re	quested (from que	estion #6)	1,000,000	50%		
Matching Funds						
Federal			0	0%		
State (excluding the a	amount of this requ	uest)	0	0%		
Local			1,000,000	50%		
Other			0	0%		
Total Project Costs	for Fiscal Year 20)25-2026	2,000,000	100%		
8. Has this project predict if yes, provide the m	•	•	No			
Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed		
(9999-997	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundin a. If yes, indicate no b. Describe the sou	nrecurring amou	nt per year.	No lieu of state funding.			

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of	of the project?		
Planning • Design	Construction N	/A	
b. Is the project "shovel ready	/" (i.e permitted)?	No	
c. What is the estimated start	date of construction?	08/01/2025	
d. What is the estimated com	oletion date of construction?	09/30/2026	
e. What funding stream will b	e used for ongoing operation	s and maintenance of the project?	
City operating budget			
11. List the owners of the facilit relationship between the ow City of Delray Beach, owner,	ners of the facility and the en	ctly, any fixed capital outlay funding. Inc tity.	lude the
12. Details on how the requested Spending Category	state funds will be expended	Description	Amount
Administrative Costs:		Description	Amount
Executive Director/Project Head Salary and Benefits	None		C
Other Salary and Benefits	None		C
Expense/Equipment/Travel/Supplie Other	None None		C
Consultants/Contracted Services/Study	None		С
Operational Costs			
Salary and Benefits	None		C
Expense/Equipment/Travel/Supplie Other	None None		C
Consultants/Contracted Services/Study	None		C
Fixed Capital Construction/M	ajor Renovation:		
Construction/Renovation/Land/ Planning Engineering	Funds will be spent on consand lighting improvements.	struction of roadway, drainage, sidewalk	1,000,000
Total State Funds Requested		ion #6)	1,000,000
13. Program Performance a. What specific purpose or	goal will be achieved by the f	unds requested?	
Reconstruction of this roadwa	ay will ensure continuity of infra	structure integrity.	
b. What activities and service	es will be provided to meet the	ne intended purpose of these funds?	
Improvement of stormwater r	nanagement system and roadw	ay reconstructions.	
<u> </u>	pe provided to citizens by the		
Improved stormwater manage	ement, improved roadway cond	litions, and public safety.	

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



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All residents of the City of Delray Beach.	
e. What is the expected benefit or outcome of this project? What is the methodology by which this outc be measured?	ome will
Increased safety and decreased number of stormwater-related events	
f. What are the suggested penalties that the contracting agency may consider in addition to its standard for failing to meet deliverables or performance measures provided for in the contract?	l penaltie
Liquidated Damages (for unsubstantiated project delays past the contracted completion date) and Recovery of Suffered by Third Parties (for continuation of construction engineering and inspection services past the contract completion date).	f Damage ted
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#:	
b. Provide the total project cost listed on the FEMA project worksheet:	
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, Departm Commerce):	ent of



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Please complete questions 17 through 21 for Water Projects only.

17. Have you been awarded or applied for alternative state funding for this project?

□ Water Quality Improvement Grant Program						
☐ Resilient Florid	□ Resilient Florida Grant Program					
□ Wastewater Re	□ Wastewater Revolving Loan					
☐ Drinking Water	☐ Drinking Water Revolving Loan					
☐ Small Commu	□ Small Community Wastewater Treatment Grant					
☐ Other (please s	☐ Other (please specify, ex. Alternative Water Supply Grants)					
☑ N/A	☑ N/A					
18. What is the population economic status?						
☐ Financially Dis	advantaged Community ((ch. 62-552, F.A.C)				
·	advantaged Municipality	,				
·	Economic Concern	(0 02 002, 1 0)				
	☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)					
☑ N/A	5pportainty (6. 200.0000,	rionaa Otatatoo)				
19. What is the status	of construction?					
Not started						
	of the construction has	been completed?				
0		<u> </u>				
	ated completion date of	f construction?	09/30/2026			
22. Requester Contac	et Information					
a. First Name	Missie	Last Name Ba	rletto			
b. Organization						
c. E-mail Address	E-mail Address barlettom@mydelraybeach.com					
d. Phone Number	(561)243-7000	Ext.				
a. Organization	3. Recipient Contact Information a. Organization City of Delray Beach - Public Works					
a. Organization	Department	ADIIO TTOTA				
b. Municipality and County Palm Beach						



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	c. Organization Ty	pe			
	□For Profit Entity				
	□Non Profit 501(c)(3)				
	□Non Profit 501(c)(4)				
	☑Local Entity				
	□University or College				
	□Other (please specify)				
	d. First Name	Missie	Last Name	Barletto	
	e. E-mail Address	ss barlettom@mydelraybeach.com			
	f. Phone Number	(561)243-7000	Ext.		
24. Lobbyist Contact Information					
	a. Name	Mathew Forrest			
	b. Firm Name	Ballard Partners			
	c. E-mail Address	mat@ballardpartners.com	1		
	d. Phone Number	(561)253-3232			

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