



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1732

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 2025-2026

| Type of Funding                    | Amount            |
|------------------------------------|-------------------|
| Operating                          | 0                 |
| Fixed Capital Outlay               | 23,000,000        |
| <b>Total State Funds Requested</b> | <b>23,000,000</b> |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding                                      | Amount            | Percentage  |
|--|-------------------|-------------|
| Total State Funds Requested (from question #6)       | 23,000,000        | 100%        |
| <b>Matching Funds</b>                                |                   |             |
| Federal  | 0                 | 0%          |
| State (excluding the amount of this request)         | 0                 | 0%          |
| Local  | 0                 | 0%          |
| Other  | 0                 | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>23,000,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future-year 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.

### 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 the project?

- Planning   
  Design   
  Construction   
  N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

12/31/2029

d. What is the estimated completion date of construction?

12/31/2031

e. What funding stream will be used for ongoing operations and maintenance of the project?

As part of the Florida Turnpike system, the revenues of the system will be used for recurring operations and maintenance expenses.

11. 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.

Florida Department of Transportation and the Florida Turnpike.

12. Details on how the requested state funds will be expended

| Spending Category  | Description  | Amount            |
|--|--|-------------------|
| <b>Administrative Costs:</b>   |  |                   |
| Executive Director/Project Head Salary and Benefits                    |  | 0                 |
| Other Salary and Benefits  |  | 0                 |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0                 |
| Consultants/Contracted Services/Study                                  |  | 0                 |
| <b>Operational Costs</b>   |  |                   |
| Salary and Benefits  |  | 0                 |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0                 |
| Consultants/Contracted Services/Study                                  |  | 0                 |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                   |
| Construction/Renovation/Land/Planning Engineering                      | Construction of Sound Barrier Wall for Palm Beach Country Estates community. | 23,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>23,000,000</b> |

13. Program Performance

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

To expedite the construction of a sound barrier wall as soon as possible.

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

The wall will provide less noise pollution to all the residents of the Palm Beach Country Estates community and fewer health issues caused by the noise pollution.

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

Curtailement of unacceptable levels of noise decibels caused by the turnpike for the last 20 years, which has impacted the health of our community.



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

The Palm Beach Country Estates residents' of 1500 homes with approximately 4500 people and 2,000 children our most effected population.

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

The improved health of the community and the increase to property values. This problem is Palm Beach Country Estates community has already been validated by multiple residents, engineers, and the media. Sound barrier walls are a proven method to reduce decibel levels from multiple lanes of highways.

**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?**

Penalties for liquidated damages of 25% to 30% due to the fact that this is a health issue to the Palm Beach Country Estates community.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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



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

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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) State Agency

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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