



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1848

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The roadway of Southwest 8th Ave in Delray Beach has significant degradation issues causing sinking of the roadway in multiple areas due to lack of drainage and other right of way issues. This project will restore the roadway and improve the area to ensure roadway stays in service for residents and in good condition for years to come.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	2069A	Yes

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1848

a. What is the current phase 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?

10/01/2025

d. What is the estimated completion date of construction?

09/30/2026

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

City operating budget

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.

City of Delray Beach, owner, entity: local 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	None	0
Other Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Operational Costs		
Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	City of Delray Beach will hire licensed engineer and contractors to design and construct the sidewalks and roadways The requested state funds will be expended 100% to pay for engineering service (roadways design) and construction contractor's service (including labor, material and profit).	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

SW 8th Avenue is in a deteriorating condition and is immediately adjacent to the City of Delray Beach Cemetery. Reconstruction of this roadway will ensure continuity of infrastructure integrity.

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

Improvement of stormwater management system and roadway reconstructions.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1848

Improved stormwater management, improved roadway conditions, and public safety.

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

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 outcome will be measured?

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 penalties for failing to meet deliverables or performance measures provided for in the contract?

Liquidated Damages (for unsubstantiated project delays past the contracted completion date) and Recovery of Damages Suffered by Third Parties (for continuation of construction engineering and inspection services past the contracted completion date).

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1848

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

Prior year appropriation that was vetoed

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)

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.