



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1959

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Seacrest Estates Neighborhood Roadway Safety Rehabilitation Project encompasses the roadways located east of S. Seacrest Blvd, west of the FEC RR R/W, south of SE 23rd Ave, and north of the Seacrest Scrub Natural Area. The project scope consists of a new base as needed, milling and paving, new curbing, new sidewalk as needed, and new traffic calming measures.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	550,000
Total State Funds Requested	550,000

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)	550,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	550,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,100,000	100%

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

No maintenance costs are expected for this project. The project is designed to prolong the life of the streets in the Seacrest Estates neighborhood.

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 Boynton Beach.

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/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction/Renovation/Roadway Rehabilitation	550,000
Total State Funds Requested (must equal total from question #6)		550,000

13. Program Performance

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

The requested funds will support public safety through roadway rehabilitation. The project will include a new base as needed, milling and paving, and rehabilitation of the existing roads. This will increase roadway quality as well as the quality of life for citizens by reducing excessive speeding in the community through traffic calming measures.

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

The project will decrease potential fiscal impacts on citizens, physical harm and negative transportation conditions.

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



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Fiscal Year 2025-2026

LFIR # 1959

The project will provide direct services that will lead to a higher quality of life for residents, less annual repairs on their personal vehicles and safer walking conditions. The anticipated traffic calming measures and sidewalks will aid in this goal.

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

The City of Boynton Beach. Approximately 85,000 citizens.

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

The Project's expected benefits are improved transportation conditions, decreased public harm, and the improvement of stormwater management and surface water quality.

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?

Failure to meet the deliverables should result in the returning of funds to the State.

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)

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.