



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1999

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Provide a safer transportation system with upgraded traffic signal equipment and improved pedestrian features at C69679.010-Hanley Road and Jackson Springs Road Intersection.

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	2,000,000
Total State Funds Requested	2,000,000

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

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)?

No

c. What is the estimated start date of construction?

12/01/2025

d. What is the estimated completion date of construction?

03/01/2027

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

Hillsborough County Funds

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.

Hillsborough County

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	Replacement of existing traffic signal that is reaching the end of its structural life. The project will implement turning lanes to improve the operations and safety for all modes of transportation within the area of influence of the project.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

Provide a safer transportation system with upgraded traffic signal equipment and improved pedestrian features.

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

Replacement of existing traffic signal that is reaching the end of its structural life. The project will implement turning lanes to improve the operations and safety for all modes of transportation within the area of influence of the project.

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



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Connectivity within the service area and will also provide continuous sidewalks; thereby improving and enhancing micro mobility.

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

County-wide impact is expected.

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

Improve the pedestrian/bicycle and vulnerable users safety by adding sidewalks within the area of influence of the traffic signal; in addition, will provide auxiliary lanes for tuning vehicles. Maintain connectivity within the community. Reduce traffic signal cycle lengths; therefore, improving air quality conditions by reducing vehicle emissions.

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?

Hillsborough County intends to be good stewards of public funding should this project receive an award. In the event that Hillsborough County fails to perform or meet deliverables, notice shall be provided to the agency, and such governing agreement may be terminated by the agency effective as of the date of receipt of the default notice. As a result, any unused funds may be remitted to the agency.

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 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



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- No
- No, but intends to apply

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



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