

LFIR # 2052

1.	Project Title	Fort Lauderdale -	Galt Mile Stree	et Safety Improvements		
2.	Senate Sponsor	Jason Pizzo				
3.	Date of Request	2/26/2025				
4.	Project/Program De	escription				
	enhancements, stam	nped asphalt at raise age. These compreh	ed intersections.	ng the existing 28-year-o , upgraded pedestrian lig s aim to improve the aes	hting, refreshed pa	vement markings, and
5.	State Agency to rec	eive requested fur	n ds Depai	tment of Transportation		
	State Agency conta	cted? No				
^			fa., F ianal Van	0005 0005		
ь.	Amount of the Nonr	ecurring Request	for Fiscal Year	2025-2026		1
	Type of Funding			Amo	unt	
	Operating				0	
	Fixed Capital Outlay				2,000,000	
	Total State Funds F	Requested			2,000,000	
7.	Total Project Cost fo	or Fiscal Year 2025	5-2026 (includir	ng matching funds avai	ilable for this proj	ect)
						1
	Type of Funding			Amount	Percentage	
	Total State Funds Re	equested (from ques	stion #6)	Amount 2,000,000	Percentage 44%	
	Total State Funds Re Matching Funds	equested (from ques	stion #6)	2,000,000	44%	
	Total State Funds Re Matching Funds Federal			2,000,000	44%	
	Total State Funds Re Matching Funds Federal State (excluding the			2,000,000	44% 0% 0%	
	Total State Funds Remarkable Matching Funds Federal State (excluding the Local			2,000,000 0 2,500,000	44% 0% 0% 56%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other	amount of this requ	est)	2,000,000 0 0 2,500,000 0	44% 0% 0% 56% 0%	
	Total State Funds Remarkable Matching Funds Federal State (excluding the Local	amount of this requ	est)	2,000,000 0 2,500,000	44% 0% 0% 56%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other	amount of this required for Fiscal Year 20	est) 25-2026 state funding?	2,000,000 0 0 2,500,000 0	44% 0% 0% 56% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this required for Fiscal Year 20	est) 25-2026 state funding? ce:	2,000,000 0 2,500,000 0 4,500,000 Yes	44% 0% 0% 56% 0%	
8.	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy)	amount of this requirements for Fiscal Year 20: eviously received some streem instance. Amo Recurring	est) 25-2026 state funding? ce: unt Nonrecurring	2,000,000 0 2,500,000 0 4,500,000 Yes Specific Appropriation #	44% 0% 0% 56% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this requirements for Fiscal Year 20. eviously received smost recent instance.	est) 25-2026 state funding? ce:	2,000,000 0 2,500,000 0 4,500,000 Yes Specific Appropriation #	44% 0% 0% 56% 0% 100%	
	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy) 2023-24 Is future-year funding a. If yes, indicate no	amount of this requirements for Fiscal Year 20: eviously received somost recent instance Amo Recurring 0 ng likely to be requirements amounts.	est) 25-2026 state funding? ce: unt Nonrecurring 500,0 uested? nt per year.	2,000,000 0 2,500,000 0 4,500,000 Yes Specific Appropriation #	44% 0% 0% 56% 0% 100%	



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10. Status of Cons	struction				
a. What is the c	urrent phase of t	he project?			
Planning	O Design		N/A		
b. Is the project	t "shovel ready" ((i.e permitted)?	Yes		
c. What is the e	estimated start da	te of construction?	01/29/202	25	
d. What is the e	estimated comple	tion date of constructio	n? 01/29/202	26	
e. What funding	g stream will be u	sed for ongoing operati	ons and mainte	enance of the pr	roject?
City's General	Fund				
		o receive, directly or inc rs of the facility and the		ed capital outlay	/ funding. Include the
City of Fort La	uderdale	•	<u>.</u>		

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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Milling and resurfacing pavement, installing wider sidewalks with paver inserts, landscape enhancements, stamped asphalt at raised intersections, upgraded pedestrian lighting, refreshed pavement markings, and new regulatory signage.	2,000,000
Total State Funds Requested (m	nust equal total from question #6)	2,000,000

13. Program Performance

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

The funds will revitalize Galt Ocean Drive by milling and resurfacing the pavement, installing wider sidewalks, and enhancing public safety with upgraded lighting, signage, and flood mitigation measures, improving functionality, aesthetics, and sustainability.

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



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Activities include milling and resurfacing the pavement, installing wider sidewalks with decorative paver inserts, improving drainage, upgrading pedestrian lighting, adding bike lanes, and installing new signage and pavement markings to enhance safety and functionality.

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

Citizens will benefit from improved road conditions, safer pedestrian pathways, better bike lanes, enhanced lighting for visibility, and flood mitigation measures that protect the area from runoff and storms, creating a safer and more enjoyable environment.

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

The target population includes residents, commuters, pedestrians, and cyclists in the Galt Ocean Drive area. The project will serve local residents and thousands of visitors who use the road annually.

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

The project will improve transportation safety, aesthetics, and sustainability, providing better traffic flow, enhanced pedestrian safety, and flood resilience. Outcomes will be measured by traffic data, safety statistics, and public satisfaction surveys.

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?

F	nds will be returned to the state.	
. Is	nis project related to mitigation, response, or recovery from a natural disaster? No	
a. If	es, 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 infastru	ucture)
b. N	me of the natural disaster (or Executive Order # for events not under a federal declaration):	
. На	the entity applied for or received federal assistance for this project?	
	es, Applied	
	es, Received	
	0	
	o, but intends to apply	
a. If	ves, provide the FEMA project worksheet ID#:	
b. F	ovide 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)?



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☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If ves. specify the	e program and state ager	ncv (ex. Loca	al Government	Emergenc
Commerce):				
17. Requester Contact	t Information			
a. First Name	Daphnee	Last Name	Sainvil	
b. Organization	City of Fort Lauderdale			
c. E-mail Address	dsainvil@fortlauderdale.g	JOV		
d. Phone Number	(954)299-7806	Ext.		
18. Recipient Contact	Information			
a. Organization	City of Fort Lauderdale			
b. Municipality and	d County Broward			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(c	c)(3)			
□Non Profit 501(c	c)(4)			
☑Local Entity				
☐University or Co	ollege			
□Other (please sp	-			
		7		
d. First Name	Gary	Last Name	Foster	
e. E-mail Address				
f. Phone Number	(954)828-6233	Ext.		
9. Lobbyist Contact I				
a. Name	Jared Rosenstein			
b. Firm Name	Capital City Consulting L	LC		
c. E-mail Address				
d Dhana Number	\\ /70C\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			



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