

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2115

1. Project Title Washington Street Improvement from South Tamiami Trail to South 56th Street Tampa

2. Senate Sponsor Darryl Rouson

3. Date of Request 2/7/2025

4. Project/Program Description

Washington St Improvement from S Tamiami Trail to S 56th St Tampa will allow residents to drive on a better safer road & allow affordable housing project add 345 needed units.

Yes

No

### 5. State Agency to receive requested funds

Department of Transportation

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	4,000,000
Total State Funds Requested	4,000,000

### 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)	4,000,000	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	4,000,000	100%

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

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	2,000,000	2069A	Yes	

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 cu	rrent phase of t	he project?		
O Planning	📀 Design	Construction	N/A	
b. Is the project	"shovel ready" (	i.e permitted)?	Yes	
c. What is the es	timated start da	te of construction?	11/12/2025	
d. What is the estimated completion date of construction?			n? 011/05/2026	
e. What funding	stream will be u	sed for ongoing operati	ons and maintenance of th	e project?

City of Tampa a city road

### 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 Tampa & Tampa residents

### 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	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction including demolition, asphalt, concrete, piping, dirt fill, utilities materials new CXS crossing & boring under railroad, sidewalks, street lighting, clearing and grubbing. overall improvement of Washington St	4,000,000
Total State Funds Requested (m	ust equal total from question #6)	4,000,000

### 13. Program Performance

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

This project will allow residents to drive on a better safer road & allow affordable housing project add 345 needed units.

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

This project will allow residents to drive on a better safer road & allow affordable housing project add 345 needed units.

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

A safe efficient Road for citizens to access / utilize.



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

Residents of East Tampa including the residents of the affordable housing project of 345 needed units.

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

This will allow residents to drive on a better safer road & allow affordable housing project add 345 needed units. There will be no more pot holes, widening road, street lights which will be measurable by the improved safety of the community.

## 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?

This road is not safe This would be a definite safety issue for the local residents.

### 14. Is this project related to mitigation, response, or recovery from a natural disaster? No

### a. If Yes, what phase best describes the project?

- D 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 infastructure)

### 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):

\$2 million last years budget however it was vetoed

### **17. Requester Contact Information**

a. First Name	Johnathan	Last Name	Stanton
b. Organization	Trouble Creek Rd LLC		
c. E-mail Address	johnathanstanton99@gma	ail.com	
d. Phone Number	(727)804-6393	Ext.	

### **18. Recipient Contact Information**

a. Organization	Trouble Creek Rd LLC						
b. Municipality and County Hillsborough							
c. Organization Ty	ре						
☑For Profit Entity	☑For Profit Entity						
□Non Profit 501(c	c)(3)						
□Non Profit 501(c	5)(4)						
□Local Entity							
University or Co	llege						
	□Other (please specify)						
d. First Name	Johnathan	Last Name	Stanton				
e. E-mail Address	johnathanstanton99@gma	ail.com					
f. Phone Number	(727)804-6393	Ext.					
19. Lobbyist Contact Information							
a. Name	None						
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.