



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2138

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The project will improve the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection.

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 | 2,500,000 |
| Total State Funds Requested | 2,500,000 |

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) | 2,500,000 | 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 | 2,500,000 | 100% |

8. **Has this project previously received state funding?** No

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?** 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**



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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?

07/01/2025

d. What is the estimated completion date of construction?

06/30/2026

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

Hillsborough County

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 | The project will improve the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection. | 2,500,000 |
| Total State Funds Requested (must equal total from question #6) | | 2,500,000 |

13. Program Performance

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

The project will improve the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection.

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

The project will improve the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection.

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

Improved traffic safety conditions and features



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

The project will improve the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection. The County will conduct an after study at the intersection and will compare the crashes that occurred before and after the signalization project is implemented.

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 the unsignalized intersection with the installation of new Traffic Signal to improve safety and traffic operations of the intersection. Before and after safety and crash analysis comparison will be conducted.

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
- No



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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

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