



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2285

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City is seeking funding to construct or reconstruct existing sidewalks within the City's right-of-way. The result of these upgrades will minimize the risk of trip and fall accidents caused by damaged sidewalks. Reconstruction will also improve mobility and compliance with the American Disability Act (ADA) standards.

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	750,000
Total State Funds Requested	750,000

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)	750,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	750,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	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		
2024-25	0	1,500,000	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.

General Revenue or federal grants if awarded

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)?

Yes

c. What is the estimated start date of construction?

03/03/2025

d. What is the estimated completion date of construction?

09/30/2028

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

The city's Capital Improvement Funding

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 Fort Lauderdale

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 City is seeking funding to construct or reconstruct existing sidewalks within the City's right-of-way.	750,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

The funds will be used to repair and reconstruct 2.2 miles of damaged sidewalks within the City's right-of-way, enhancing safety, mobility, and compliance with ADA standards.

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

The project will involve repairing cracked concrete, addressing differential settlement, and maintaining sidewalk amenities like pavers and edge beams to ensure safe and accessible pedestrian pathways.

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

The project will provide safe, accessible sidewalks that reduce trip and fall risks and improve mobility for pedestrians, including individuals with disabilities.



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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 benefit all residents, visitors, and pedestrians in Fort Lauderdale, with a particular focus on individuals who rely on ADA-compliant infrastructure. The project is expected to serve the entire community, with an estimated population of over 180,000 residents, in addition to visitors and commuters.

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 create safer, more walkable, and accessible pathways, fostering a healthier, bikeable, and more pedestrian-friendly community. The outcome will be measured by tracking the number of completed sidewalk repairs, reduction in sidewalk-related trip and fall incidents, and community feedback on sidewalk accessibility and safety improvements.

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?

Funds will be returned 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



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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.