



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3456

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The funding would be used to address the deteriorating road conditions off segments of SW 142 Avenue from SW 42 Street to SW 56 Street. This project will improve the roadway surface and driving conditions. The scope of work includes milling, resurfacing, adjustment of valve boxes and manholes, upgrading or construction of ADA ramps and connectors, as well as pavement markings, signage, and all necessary incidental work to extend the structural integrity of these features for a substantial period of time.

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	625,625
Total State Funds Requested	625,625

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)	625,625	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	625,625	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,251,250	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.**



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Contracting Engineering Firm	625,625
Total State Funds Requested (must equal total from question #6)		625,625

13. Program Performance

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

The project will improve the roadway surface and driving conditions, providing increased reliability and safety along the corridor. Resurfacing activities are critical to extending the service life of roadways and improving traffic flow. Additionally, the project will mitigate recurring pavement maintenance which takes place frequently due to the poor state of the asphalt.

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



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The project will improve access and safety improvements to the area. This will allow residents, students, business owners, maintenance equipment, and service vehicles to have easier access to the roadway. The project will also improve access for emergency vehicles.

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

The project will provide much needed improvements to a roadway that serves as one of the area's main corridors, connecting residents, schools, and businesses.

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

Elderly, economically-disadvantaged, students, residents, and business owners. Thousands shall be served.

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

This safety improvement will enhance transportation conditions for all users, including those accessing the schools and businesses. The outcome will be measured by the elimination of documented crash incidents involving the roadway features at this location, as well as by achieving compliance with current safety standards.

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?

Failure to meet deliverables will result in nonpayment.

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



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- Yes, Received
- 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.