

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Venice Road Improvement Project
2. Date of Submission: 09/29/2017
3. House Member Sponsor: Julio Gonzalez
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,000,000	1,000,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Transportation
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Quarterly Progress Reports

6. Requester:

- a. Name: Edward Lavalee
- b. Organization: City of Venice
- c. Email: elavallee@venicegov.com
- d. Phone #: (941)882-7399

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Brenda Westlake
- b. Organization: City of Venice
- c. Email: bwestlake@venicegov.com
- d. Phone #: (941)882-7424

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Chris Schoonover
- b. Firm: Capital City Consulting
- c. Email: cschoonover@capcityconsult.com
- d. Phone #: (850)264-7588

9. Organization or Name of entity receiving funds:

- a. Name: City of Venice
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The City of Venice transportation system requires significant rehabilitation to restore infrastructure to acceptable levels and provide needed American with Disabilities Act (ADA) upgrades to serve our aging population. A structurally deficient bridge on Capri Isles Blvd is in immediate need of rehabilitation. In addition, the City has limited bus transportation and this project would provide an enhanced economic driver as it offers a source of connectivity to area shopping and restaurants.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Rehabilitation of structurally deficient bridge and milling/paving. Includes upgrades to facilities for ADA compliance, additional bike lanes, sharrow striping and upgrades to walking facilities in area. Restore	1,000,000

	acceptable level of safety for travelers crossing bridge, improving transportation conditions, increase percentage of sidewalk and ADA ramps to allow for improved mobility for self-sufficiency of elderly and disabled. Improved bike lanes and sidewalks allow more citizens to enjoy city.	
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

A bond issue has been approved by the citizens of the City to address needs. The overall roadway project is supported by local elected officials

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Florida Department of Transportation Assessment Report (10/12/2016) and City of Venice 2014 Pavement Management Analysis Final Report (5/14/2015) prepared by Stantect Consulting Services Inc.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Improvements to the roadway along with the added ADA improvements, bike lanes, sidewalks, will allow for better connectivity for elderly, disabled and school age children and offer multi-modal opportunities to parks, shopping, restaurants downtown district, beaches, and cultural events.

17b. Describe the direct services to be provided to the citizens by the funding requested.

ADA improvements for elderly, physically disabled along with offering connectivity and multi-modal opportunities for all residents, regional visitors, tourists to area parks, beaches, downtown district, shopping, restaurants and cultural events.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)

- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Encourage physical activity by adding sidewalks and bike lanes	Increase LF of bike lanes and sidewalks
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Rehabilitate structurally deficient bridge which poses safety hazard	Restore acceptable level of safety for travelers crossing bridge
<input checked="" type="checkbox"/> Improve transportation conditions	Increase quality/quantity	Pavement Quality Index and LF Sidewalk

<input checked="" type="checkbox"/> Increase or improve economic activity	Improve bike lanes and sidewalks to allow more visitors and citizens to enjoy the City's businesses, restaurants, and attractions.	Increased sales tax revenue from area businesses, city events, downtown farmer's market, and festivals.
<input checked="" type="checkbox"/> Increase tourism	Attract tourists looking for active lifestyle including bicycling and easy walking access to beaches, businesses, restaurants and parks	Monitor hotel stay numbers, increased sales tax revenue, entrance numbers to festivals and events.
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Allow for improved mobility to enhance self sufficiency for elderly and disabled.	Increase percentage of sidewalk and ADA ramps.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter 0 if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	25.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	3,000,000	75.0%	Yes
5. Other:	0	0.0%	No
TOTAL	4,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M

O>10M