Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>SW Avenue F Reconstruction - City of Belle Glade</u>

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Joseph Abruzzo

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No 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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)			
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,400,000	1,400,000

- 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.

Repayment of funds

6. Requester: a. Name: Lomax Harrelle b. Organization: City of Belle Glade c. Email: lharrelle@belleglade-fl.com d. Phone #: (561)992-1601
7. Contact for questions about specific technical or financial details about the project: a. Name: Lomax Harrelle b. Organization: City of Belle Glade c. Email: lharrelle@belleglade-fl.com d. Phone #: (561)992-1601
 8. Is there a registered lobbyist working to secure funding for this project? a. Name: <u>Sebastian Aleksander</u> b. Firm: <u>The Aleskander Group</u> c. Email: <u>sebastian@aleksandergroup.com</u> d. Phone #: (850)459-1559
 9. Organization or Name of entity receiving funds: a. Name: <u>City of Belle Glade</u> b. County (County where funds are to be expended): <u>Palm Beach</u> c. Service Area (Counties being served by the service(s) provided with funding): <u>Palm Beach</u>
 10. What type of organization is the entity that will receive the funds? (Select one) O For Profit O Non Profit 501(c) (3) O Non Profit 501(c) (4) O Local Government O University or College O Other (Please describe)

11. What is the specific purpose or goal that will be ach	nieved by the funds being requested
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The funds will be used to repave and reconstruct the road on SW Avenue F from Main St./SR 80 W to SW 8th Street. This project will significantly improve traffic conditions in the area as well as improve drainage conditions.

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:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Construction and engineering	1,400,000
TOTAL		1,400,000

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)

OFor Profit

ONon Profit 501(c) (3)

et	ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, c.) OOther (Please describe)
	Is the project request an information technology project? <u>No</u>
orga	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major inizational backing, or other expressions of support? No
	Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
	Will the requested funds be used directly for services to citizens? <u>Yes</u>
	17a. What are the activities and services that will be provided to meet the purpose of the funds? Construction and engineering analysis will be done to ensure the roads meet proper standards to traffic requirements.
	17b. Describe the direct services to be provided to the citizens by the funding requested. The roads will aid citizens during transporation routes to work, school and other community activities.
	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 s	served?	
What benefits or outcomes will be realized by the expenditur	e of funds requested? (Select each Bene	fit/Outcome that a
Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the methor of b

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		

□Protect the general public from harm (environmental,		
criminal, etc.)		
☑Improve transportation conditions	Ease of access to and from places of employment	Monitoring traffic data
☑Increase or improve economic activity	Ability of small business to grow within community	Number of new businesses opened after improvements are completed
□Increase tourism		
☑Create specific immediate job opportunities	Construction jobs and local subcontractors from local labor pool	Immediate increase in active employment
☑Enhance specific individual?s economic self sufficiency	Ability to travel to and from work / place of employment/ place of business unhindered	Traffic increase data
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□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):

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

			writing?
Amount Requested from the State in this Appropriations Project Request:	1,400,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,400,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$