Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Town of Davie Davie Road Downtown Improvements
- 2. Date of Submission: <u>02/03/2017</u>
- 3. House Member Sponsor: Evan Jenne Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	А	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					250,000	250,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Transportation

6. Requester:

- a. Name: C. Mitch Taylor
- b. Organization: <u>Town of Davie</u>
- c. Email: <u>mtaylor@davie-fl.gov</u>
- d. Phone #: <u>(954)797-1190</u>

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: <u>C. Mitch Taylor</u>
- b. Organization: Town of Davie
- c. Email: <u>mtaylor@davie-fl.gov</u>
- d. Phone #: <u>(954)797-1190</u>

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Candice Ericks
- b. Firm: Ericks Consultants
- c. Email: candice@ericksconsultants.com
- d. Phone #: (850)224-0880

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: <u>Town of Davie</u>
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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)

⊙ Local Government

O University or College O Other (Please describe)

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

The Town of Davie is undertaking major economic developments activities in its downtown to revitalize the area. The purpose of this request is to make downtown Davie safer for pedestrians and friendlier to businesses in terms of traffic. This project will provide crosswalks, additional traffic signals, changing of lane configurations, and the addition of bike lanes. This part of the master plan to revitalize and redevelop the downtown district.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	Installation of crosswalks, traffic signals, new lane configuration, and add bike lanes.	250,000

TOTAL	250,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

• Local 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,

etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

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?

<u>Yes</u>

15a. Please Describe:

The Town of Davie has held numerous public meeting and hearings over the past several years regarding this project. The immediately impacted commercial and residential areas are in support of this project because of the economic development opportunities that will be created. A major revitalization is underway in Downtown Davie and this project is vital in making the area more pedestrian friendly and enticing families to want to stay in the area following events and in general.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? <u>No</u>
- 18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

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	Increased Business and Visitors	New businesses openings and eateries	
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.)	Reduction in crime and accidents	monitor crime and accident data	
☑Improve transportation conditions	Less pedestrian accidents	Monitor accidents rates	
☑Increase or improve economic activity	Increased business openings	Analyze business tax receipts	
☑Increase tourism	Additional visitors to downtown	Collect business data and event attendants	
☑Create specific immediate job opportunities	New business with hirings	Business tax receipts and surveys	
Enhance specific individual?s economic self sufficiency			
□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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	11.9%	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:	1,850,000	88.1%	Yes
5. Other:	0	0.0%	No
TOTAL	2,100,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? <u>Yes</u>
 - 20a. How much state funding would be requested after 2017-18 over the next 5 years?
 - ⊙<1M
 - O1-3M
 - O>3-10M
 - O>10M
 - 20b. How many additional years of state support do you expect to need for this project?
 - ⊙1 year
 - O2 years

O3 years O4 years O>= 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?. Oongoing activity ? no total cost

O<1M O1-2M ⊙>2-3M O>3-10M O>10M

APR #: 0490