Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: State Road 276 Expansion Study - Marianna

2. Date of Submission: 02/06/20173. House Member Sponsor: Brad Drake

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

- 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:	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,500,000	1,500,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? 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	6.	Rea	ues	ter
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a. Name: Keith Williams

b. Organization: West End Development Stakeholder Committee of Marianna

c. Email: keith.williams.iy9t@statefarm.com

d. Phone #: (850)573-0231

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

a. Name: Jim Dean

b. Organization: City of Marianna

c. Email: jim.dean@cityofmarianna.com

d. Phone #: (850)718-3483

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

a. Name: None

- b. Firm: None
- c. Email:
- d. Phone #:
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Department Of Transportation District 3
 - b. County (County where funds are to be expended): Jackson
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Jackson</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 Colle	ge
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- Other (Please describe) State Agency owned (e.g. College Facility, State road)
- 11. What is the specific purpose or goal that will be achieved by the funds being requested?

The four lane expansion of Penn Avenue will create a development ready corridor through the heart of the old Dozier Property. This corridor will be an inviting I-10 entrance to our community and will complement the residential and commercial job creating potential of this area once the Dozier property is returned to the City Of Marianna and Jackson County. We request that you ask FDOT District 3 Secretary to initiate a PD&E study in this year on the four lane effort.

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	Project Development & Environmental study for four lane effort of State Road 276 from I-10 to State Road 10.	1,500,000
Fixed Capital Construction/Major Renovation:		

Elle Construction (Demonstra (L. 1751)		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000
. For the Fixed Capital Costs requested with this issue, what ty ked Capital Outlay? was not selected, question 13 is not applica N/A	•	r when complete? (In Question 12, if ?
. Is the project request an information technology project? <u>No</u>		
i. Is there any documented show of support for the requested properties of support? Yes	project in the community including publi	ic hearings, letters of support, major
15a. Please Describe: Letter of Support from the West End Development Stak The membership includes Ronstance Pittman President of Reiff, newspaper owner Woodrow Hatcher, business own Board, Pam Prichard Interim County Manager for the Jac	of the local NAACP, Jim Dean Manager of ner Ricky Miller, Stuart Wiggins Facilities	f the City of Marianna, landowner Rob Director of the Jackson County Schoo
5. Has the need for the funds been documented by a study, con No	npleted by an independent 3rd party, for	r the area to be served?
7. Will the requested funds be used directly for services to citize Yes	ens?	
17a. Describe the target population to be served. Select all to □Elderly persons □Persons with poor mental health □Persons with poor physical health □Jobless persons □Economically disadvantaged persons □At-risk youth □Homeless □Developmentally disabled	that apply to the target population:	
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
☑Other (Please describe): All
17b. 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 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		
□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		
·		
☑Increase or improve economic activity	It will also provide adequate capacity	The PD&E study results will
	for the increased traffic that will come	themselves be determinative as to
	with the revitalization of the West	the projects future benefits for
	End.	economic activity and environmental
		impact.
☑Increase tourism	This corridor will be an inviting	The PD&E study results will
	additional I-10 entre to our	themselves be determinative as to
	community and will complement the	the projects future benefits for
	residential and commercial potential	tourism activity and environmental
	of this are once the Dozier property is	impact.
	returned to the City & County.	
□Create specific immediate job opportunities		
□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?
Amount Requested from the State in this Appropriations Project Request:	1,500,000	100.0%	N/A
2. Federal:	0	0.0%	No
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	1,500,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? No