



Transportation & Tourism Appropriations Subcommittee

**Wednesday, February 22, 2017
8:00 AM – 10:30 AM
116 Knott Building**

Meeting Packet

**Richard Corcoran
Speaker**

**Clay Ingram
Chair**



The Florida House of Representatives

Appropriations Committee

Transportation & Tourism Appropriations Subcommittee

Richard Corcoran
Speaker

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AGENDA

Wednesday, February 22, 2017

116 Knott Building

8:00 AM – 10:30 AM

- I. Call to Order/Roll Call
- II. Opening Remarks by Chair Ingram
- III. Consideration of the following bills:
 - CS/HB 29** Specialty License Plates by Transportation & Infrastructure Subcommittee, McGhee
 - CS/HB 73** Transportation Facility Designations by Transportation & Infrastructure Subcommittee, Beshears
 - HB 225** Transportation Facility Designations by Miller, M.
 - HB 2039** Florida Community Catalyst Project by Shaw
 - HB 2061** City of Venice – Road Improvement Project Phase 2 by Gonzalez
 - HB 2091** Taylor House of African American Museum Project by Alexander
 - HB 2123** St. Marks Lighthouse Structure Preservation by Beshears
 - HB 2145** Historic Hernando School Restoration by Massullo
 - HB 2181** East Kimberly Boulevard and Tam O'Shanter Boulevard Roadway Improvements by Russell
 - HB 2195** Southwest Ranches Street Lighting Project by Jenne
 - HB 2231** JARC Transition Pre-Employment Training Program by Hager
 - HB 2243** White Springs Community Center by Porter
 - HB 2255** Sandspur Road Connector Trail by Cortes, B.
- IV. Presentation by the Department of Highway Safety & Motor Vehicles on Motorist Modernization
- V. Closing Remarks/Adjournment

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 29 Specialty License Plates
SPONSOR(S): Transportation & Infrastructure Subcommittee, McGhee
TIED BILLS: IDEN./SIM. **BILLS:** SB 994

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Transportation & Infrastructure Subcommittee	15 Y, 0 N, As CS	Johnson	Vickers
2) Transportation & Tourism Appropriations Subcommittee		Cobb <i>PL</i>	Davis <i>GAB</i>
3) Government Accountability Committee			

SUMMARY ANALYSIS

The bill directs the Department of Highway Safety and Motor Vehicles (DHSMV) to create the following eight National Pan-Hellenic Council Sorority and Fraternity specialty license plates, with an annual use fee of \$25 for each plate:

- Alpha Phi Alpha Fraternity
- Omega Psi Phi Fraternity
- Kappa Alpha Psi Fraternity
- Phi Beta Sigma Fraternity
- Zeta Phi Beta Sorority
- Delta Sigma Theta Sorority
- Alpha Kappa Alpha Sorority
- Sigma Gamma Rho Sorority

The annual use fees from the sale of each plate will be distributed as follows:

- Ten percent to the respective Fraternity or Sorority organization, solely for marketing of the plate.
- Eighty-five percent to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Historically Black Colleges and Universities.

The new plates will display the word "Florida" at the top of the plate and the name of the respective sorority or fraternity must appear at the bottom of the plate.

According to DHSMV, the bill will have a negative, but insignificant fiscal impact to state expenditures.

The bill has an effective date of October 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Specialty License Plates in General

The first Florida specialty license plates were enacted in 1986 and included the creation of the Challenger plate and ten Florida collegiate plates. Today, there are over 120 specialty license plates available to any owner or lessee of a motor vehicle who is willing to pay the additional use fee for the privilege, typically \$25 annually.¹ The collected fees are distributed by the Department of Highway Safety and Motor Vehicles (DHSMV) to statutorily designated organizations in support of a particular cause or charity. Vehicles registered under the International Registration Plan, a commercial truck required to display two license plates, or truck tractors are not eligible for specialty license plates.²

Only the Legislature may create new specialty license plates. If a specialty license plate is created by law, the following requirements must then be met:

- Within 60 days, the organization must submit an art design, in a medium prescribed by DHSMV.³
- Within 120 days, DHSMV must establish a method to issue a specialty license plate voucher to allow for the pre-sale of the specialty plate.⁴
- Within 24 months after the voucher is established, the organization must obtain a minimum of 1,000 voucher sales before manufacturing may begin. If this requirement is not met, the plate is deauthorized and DHSMV must discontinue development of the plate and issuance of the vouchers.⁵

DHSMV must discontinue the issuance of an approved specialty license plate if the number of valid specialty plate registrations falls below 1,000 plates for at least 12 consecutive months. A warning letter is mailed to the sponsoring organization following the first month in which the total number of valid specialty plate registrations falls below 1,000 plates (does not apply to collegiate license plates).⁶

Organizations receiving specialty license plate revenue must adhere to certain accountability requirements found in statute. These requirements include an annual attestation document affirming, under penalty of perjury, that funds received have been spent in accordance with applicable statutes.⁷

National Pan-Hellenic Council

The National Pan-Hellenic Council, Incorporated (NPHC) is currently composed of nine International Greek letter Sororities and Fraternities: Alpha Kappa Alpha Sorority, Inc. Alpha Phi Alpha Fraternity, Inc., Delta Sigma Theta Sorority, Inc., Zeta Phi Beta Sorority, Inc., Iota Phi Theta Fraternity, Inc., Kappa Alpha Psi Fraternity, Inc., Sigma Gamma Rho Sorority, Inc. Phi Beta Sigma Fraternity, Inc. and Omega Psi Phi Fraternity, Inc. NPHC promotes interaction through forums, meetings and other mediums for the exchange of information and engages in cooperative programming and initiatives through various activities and functions.⁸

¹ Florida Department of Highway Safety and Motor Vehicles, *Specialty License Plates Index*, <http://www.flhsmv.gov/dmv/specialtytags/> (last visited December 21, 2016)

² s. 320.08056(2), F.S.

³ s. 320.08053(1), F.S.

⁴ s. 320.08053(2)(a), F.S.

⁵ s. 320.08053(2)(b), F.S.

⁶ s. 320.08056 (8)(a), F.S.

⁷ s. 320.08062, F. S.

⁸ National Pan-Hellenic Council, Incorporated, *History*, <http://www.nphchq.org/quantum/our-history/> (last visited December 21, 2016)

Proposed Changes

National Pan-Hellenic Council Sororities and Fraternities

The bill directs the DHSMV to create the below eight National Pan-Hellenic Council Sorority and Fraternity specialty license plates, with an annual use fee of \$25 for each plate:

- Alpha Phi Alpha Fraternity
- Omega Psi Phi Fraternity
- Kappa Alpha Psi Fraternity
- Phi Beta Sigma Fraternity
- Zeta Phi Beta Sorority
- Delta Sigma Theta Sorority
- Alpha Kappa Alpha Sorority
- Sigma Gamma Rho Sorority

The annual use fees from the sale of each respective plate will be distributed as follows:

Alpha Phi Alpha Fraternity, Inc.

- Ten percent is distributed to the Florida Federation of Alpha Chapters, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the Florida Federation of Alpha Chapters to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Alpha Phi Alpha Fraternity was founded on December 4, 1906 at Cornell University and was the first intercollegiate Greek-letter fraternity established for African-Americans.⁹ The mission for Alpha Phi Alpha Fraternity, Inc. is to develop leaders, promote brotherhood and academic excellence, while providing service and advocacy for communities.¹⁰

Omega Psi Phi Fraternity, Inc.

- Ten percent is distributed to the State of Florida Omega Friendship Foundation, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the State of Florida Omega Friendship Foundation, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Omega Psi Phi Fraternity, Inc., founded in 1911, was the first international fraternal organization on the campus of Howard University with "manhood, scholarship, perseverance and uplift" adopted as the cardinal principles.¹¹

Kappa Alpha Psi Fraternity, Inc.

- Ten percent is distributed to Southern Province of Kappa Alpha Psi Foundation, Inc., solely for marketing of the plate.

⁹ Florida Federation of Alpha Chapters, *Brief History of Alpha Phi Alpha, Inc.*, <http://flfederation.org/about-us/history/> (last visited December 21, 2016)

¹⁰ Florida Federation of Alpha Chapters, *About Alpha Phi Alpha Fraternity, Inc.*, <http://flfederation.org/about-us/> (last visited December 21, 2016)

¹¹ Omega Psi Phi Fraternity, Inc., *About Omega*, http://www.oppf.org/about_omega.asp (last visited December 21, 2016)

- Eighty-five percent is distributed to the Southern Province of Kappa Alpha Psi Foundation, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Kappa Alpha Psi Fraternity is a college fraternity chartered and incorporated originally under the laws of the State of Indiana as Kappa Alpha Nu on May 15, 1911. Its name changed to Kappa Alpha Psi effective April 15, 1915.¹²

Phi Beta Sigma Fraternity, Inc.

- Ten percent is distributed to TMB Charitable Foundation, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the TMB Charitable Foundation, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Phi Beta Sigma Fraternity was founded at Howard University January 9, 1914. Its mission statement provides that in order to accomplish the Fraternity's objectives, it is essential that systems are instituted that effectively embody "Culture For Service and Service For Humanity" and promote brotherhood, scholarship and service.¹³

Zeta Phi Beta Sorority, Inc.

- Ten percent is distributed to Florida Pearls, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the Florida Pearls, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Zeta Phi Beta Sorority was founded January 16, 1920, at Howard University. Zeta Phi Beta Sorority's national and local programs include the endowment of its National Educational Foundation community outreach services and support of multiple affiliate organizations. Zeta Phi Beta Sorority chapters and auxiliaries give hours of voluntary service to educate the public, assist youth, provide scholarships, support organized charities, and promote legislation for social and civic change.¹⁴

Delta Sigma Theta Sorority, Inc.

- Ten percent is distributed to the Delta Research and Educational Foundation, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the Delta Research and Educational Foundation, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

¹² Kappa Alpha Psi, *A Brief History*, <http://www.kappaalphapsi1911.com/?page=history> (last visited December 21, 2016)

¹³ Phi Beta Sigma Fraternity, Inc., *About Us*, <http://www.phibetasigma1914.org/our-history/> (last visited December 21, 2016)

¹⁴ Zeta Phi Beta Sorority, Inc., *About Zeta Phi Beta*, <http://www.zphib1920.org/our-history/> (last visited December 21, 2016)

Delta Sigma Theta Sorority was founded on January 13, 1913 by 22 collegiate women at Howard University.¹⁵ Its purpose is to provide assistance and support through established programs in local communities throughout the world.¹⁶

Alpha Kappa Alpha Sorority, Inc.

- Ten percent is distributed to Alpha Kappa Alpha Educational Advancement Foundation, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the Alpha Kappa Alpha Educational Advancement Foundation, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Alpha Kappa Alpha Sorority began as the vision of nine college students on the campus of Howard University in 1908.¹⁷ Alpha Kappa Alpha's mission is to cultivate and encourage high scholastic and ethical standards, to promote unity and friendship among college women, to study and help alleviate problems concerning girls and women in order to improve their social stature, to maintain a progressive interest in college life, and to be of "Service to All Mankind".¹⁸

Sigma Gamma Rho Sorority, Inc.

- Ten percent is distributed to the Sigma Gamma Rho Sorority National Education Fund, Inc., solely for marketing of the plate.
- Eighty-five percent is distributed to the Sigma Gamma Rho Sorority National Education Fund, Inc., to promote community awareness and action through educational, economic, and cultural service activities within Florida.
- Five percent is distributed to the United Negro College Fund, Inc., to be used for college scholarships for Florida residents attending Florida's Historically Black Colleges and Universities.

Sigma Gamma Rho Sorority was established November 12, 1922, at Butler University in Indianapolis, Indiana. Its mission of is to enhance the quality of life for women and their families in the U.S. and globally through community service. Its goal is to achieve greater progress in the areas of education, healthcare, and leadership development.¹⁹

The new license plates will display the word "Florida" at the top of the plate and the name of the respective sorority or fraternity must appear at the bottom of the plate.

B. SECTION DIRECTORY:

Section 1 amends s. 320.08056, F.S., relating to specialty license plates.

Section 2 amends s. 320.08058, F.S., relating to specialty license plates.

Section 3 provides an effective date of October 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

¹⁵ Delta Sigma Theta Sorority, Inc., *Founders*, http://www.deltasigmatheta.org/about_founders.html (last visited December 21, 2016)

¹⁶ Delta Sigma Theta Sorority, Inc., *Statement of Purpose*, http://www.deltasigmatheta.org/about_mission.html (last visited December 21, 2016)

¹⁷ Alpha Kappa Alpha Sorority, Inc., *About*, <http://www.aka1908.com/about> (last visited December 21, 2016)

¹⁸ Alpha Kappa Alpha Sorority, Inc., *Mission*, <http://www.aka1908.com/about/mission> (last visited December 21, 2016)

¹⁹ Sigma Gamma Rho Sorority, Inc., *History*, <http://www.sgrho1922.org/about-sigma> (last visited December 21, 2016)

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DHSMV estimates that 1026 programming hours, or \$53,190 in FTE and contracted resources will be required in order to implement the bill. These costs can be absorbed within existing resources.²⁰

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Revenue generated from the sale of the specialty license plates are distributed to various organizations as provided in statute.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require a municipality or county to expend funds or to take any action requiring the expenditure of funds. The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate. The bill does not require a reduction of the percentage of state tax shared with municipalities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Comments

Section 320.08056(10)(a), F.S., provides that fees and interest earned from specialty license plates fees may be expended only for use in this state unless the annual use fee is derived from the sale of United States Armed Forces and veterans-related specialty license plates. The following proposed specialty license plates do not indicate that the annual use fee will be used in Florida:

- Kappa Alpha Psi Fraternity, Inc.
- Phi Beta Sigma Fraternity, Inc.
- Delta Sigma Theta Sorority, Inc.
- Alpha Kappa Alpha Sorority, Inc.
- Sigma Gamma Rho Sorority, Inc.

Additionally, DHSMV reviewed the Department of State's SunBiz website, which revealed that the Florida Federation of Alpha Chapters is an inactive corporation and it could not locate the following recipient organizations:

- Florida Pearl, Inc.
- Delta Research and Educational Foundation, Inc.
- Alpha Kappa Alpha Educational Advancement Foundation, Inc.
- Sigma Gamma Rho Sorority, Inc.²¹

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 8, 2017, the Transportation & Infrastructure Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The strike-all amendment made technical changes to the bill and clarified that money collected from the sale of these specialty license plates must remain in Florida.

This analysis is drafted to the committee substitute.

1 A bill to be entitled
 2 An act relating to specialty license plates; amending
 3 ss. 320.08056 and 320.08058, F.S.; directing the
 4 Department of Highway Safety and Motor Vehicles to
 5 develop certain specialty license plates; establishing
 6 an annual use fee for the plates; providing for
 7 distribution and use of fees collected from the sale
 8 of the plates; providing an effective date.

9
 10 Be It Enacted by the Legislature of the State of Florida:

11
 12 Section 1. Paragraphs (ffff) through (mmmm) are added to
 13 subsection (4) of section 320.08056, Florida Statutes, to read:

14 320.08056 Specialty license plates.-

15 (4) The following license plate annual use fees shall be
 16 collected for the appropriate specialty license plates:

17 (ffff) Alpha Phi Alpha Fraternity license plate, \$25.

18 (gggg) Omega Psi Phi Fraternity license plate, \$25.

19 (hhhh) Kappa Alpha Psi Fraternity license plate, \$25.

20 (iiii) Phi Beta Sigma Fraternity license plate, \$25.

21 (jjjj) Zeta Phi Beta Sorority license plate, \$25.

22 (kkkk) Delta Sigma Theta Sorority license plate, \$25.

23 (llll) Alpha Kappa Alpha Sorority license plate, \$25.

24 (mmmm) Sigma Gamma Rho Sorority license plate, \$25.

25 Section 2. Subsections (84) through (91) are added to

26 | section 320.08058, Florida Statutes, to read:

27 | 320.08058 Specialty license plates.-

28 | (84) ALPHA PHI ALPHA FRATERNITY LICENSE PLATES.-

29 | (a) The department shall develop an Alpha Phi Alpha
 30 | Fraternity license plate as provided in this section and s.
 31 | 320.08053. The plate must bear the colors and design approved by
 32 | the department. The word "Florida" must appear at the top of the
 33 | plate, and the name of the fraternity must appear at the bottom
 34 | of the plate.

35 | (b) The annual use fees from the sale of the plate shall
 36 | be distributed as follows:

37 | 1. Ten percent shall be distributed to the Florida
 38 | Federation of Alpha Chapters, Inc., and used solely for
 39 | marketing of the Alpha Phi Alpha Fraternity license plate.

40 | 2. Eighty-five percent shall be distributed to the Florida
 41 | Federation of Alpha Chapters, Inc., and used to promote
 42 | community awareness and action through educational, economic,
 43 | and cultural service activities within Florida.

44 | 3. Five percent shall be distributed to the United Negro
 45 | College Fund, Inc., to be used for college scholarships for
 46 | Florida residents attending Florida's historically black
 47 | colleges and universities.

48 | (85) OMEGA PSI PHI FRATERNITY LICENSE PLATES.-

49 | (a) The department shall develop an Omega Psi Phi
 50 | Fraternity license plate as provided in this section and s.

51 320.08053. The plate must bear the colors and design approved by
 52 the department. The word "Florida" must appear at the top of the
 53 plate, and the name of the fraternity must appear at the bottom
 54 of the plate.

55 (b) The annual use fees from the sale of the plate shall
 56 be distributed as follows:

57 1. Ten percent shall be distributed to the State of
 58 Florida Omega Friendship Foundation, Inc., and used solely for
 59 marketing of the Omega Psi Phi Fraternity license plate.

60 2. Eighty-five percent shall be distributed to the State
 61 of Florida Omega Friendship Foundation, Inc., and used to
 62 promote community awareness and action through educational,
 63 economic, and cultural service activities within Florida.

64 3. Five percent shall be distributed to the United Negro
 65 College Fund, Inc., to be used for college scholarships for
 66 Florida residents attending Florida's historically black
 67 colleges and universities.

68 (86) KAPPA ALPHA PSI FRATERNITY LICENSE PLATES.—

69 (a) The department shall develop a Kappa Alpha Psi
 70 Fraternity license plate as provided in this section and s.
 71 320.08053. The plate must bear the colors and design approved by
 72 the department. The word "Florida" must appear at the top of the
 73 plate, and the name of the fraternity must appear at the bottom
 74 of the plate.

75 (b) The annual use fees from the sale of the plate shall

76 | be distributed as follows:

77 | 1. Ten percent shall be distributed to the Southern
 78 | Province of Kappa Alpha Psi Foundation, Inc., and used solely
 79 | for marketing of the Kappa Alpha Psi Fraternity license plate.

80 | 2. Eighty-five percent shall be distributed to the
 81 | Southern Province of Kappa Alpha Psi Foundation, Inc., and used
 82 | to promote community awareness and action through educational,
 83 | economic, and cultural service activities within Florida.

84 | 3. Five percent shall be distributed to the United Negro
 85 | College Fund, Inc., to be used for college scholarships for
 86 | Florida residents attending Florida's historically black
 87 | colleges and universities.

88 | (87) PHI BETA SIGMA FRATERNITY LICENSE PLATES.—

89 | (a) The department shall develop a Phi Beta Sigma
 90 | Fraternity license plate as provided in this section and s.
 91 | 320.08053. The plate must bear the colors and design approved by
 92 | the department. The word "Florida" must appear at the top of the
 93 | plate, and the name of the fraternity must appear at the bottom
 94 | of the plate.

95 | (b) The annual use fees from the sale of the plate shall
 96 | be distributed as follows:

97 | 1. Ten percent shall be distributed to TMB Charitable
 98 | Foundation, Inc., and used solely for marketing of the Phi Beta
 99 | Sigma Fraternity license plate.

100 | 2. Eighty-five percent shall be distributed to TMB

101 | Charitable Foundation, Inc., and used to promote community
 102 | awareness and action through educational, economic, and cultural
 103 | service activities within Florida.

104 | 3. Five percent shall be distributed to the United Negro
 105 | College Fund, Inc., to be used for college scholarships for
 106 | Florida residents attending Florida's historically black
 107 | colleges and universities.

108 | (88) ZETA PHI BETA SORORITY LICENSE PLATES.-

109 | (a) The department shall develop a Zeta Phi Beta Sorority
 110 | license plate as provided in this section and s. 320.08053. The
 111 | plate must bear the colors and design approved by the
 112 | department. The word "Florida" must appear at the top of the
 113 | plate, and the name of the sorority must appear at the bottom of
 114 | the plate.

115 | (b) The annual use fees from the sale of the plate shall
 116 | be distributed as follows:

117 | 1. Ten percent shall be distributed to Florida Pearls,
 118 | Inc., and used solely for marketing of the Zeta Phi Beta
 119 | Sorority license plate.

120 | 2. Eighty-five percent shall be distributed to Florida
 121 | Pearls, Inc., and used to promote community awareness and action
 122 | through educational, economic, and cultural service activities
 123 | within Florida.

124 | 3. Five percent shall be distributed to the United Negro
 125 | College Fund, Inc., to be used for college scholarships for

126 Florida residents attending Florida's historically black
 127 colleges and universities.

128 (89) DELTA SIGMA THETA SORORITY LICENSE PLATES.—

129 (a) The department shall develop a Delta Sigma Theta
 130 Sorority license plate as provided in this section and s.
 131 320.08053. The plate must bear the colors and design approved by
 132 the department. The word "Florida" must appear at the top of the
 133 plate, and the name of the sorority must appear at the bottom of
 134 the plate.

135 (b) The annual use fees from the sale of the plate shall
 136 be distributed as follows:

137 1. Ten percent shall be distributed to the Delta Research
 138 and Educational Foundation, Inc., and used solely for marketing
 139 of the Delta Sigma Theta Sorority license plate.

140 2. Eighty-five percent shall be distributed to the Delta
 141 Research and Educational Foundation, Inc., and used to promote
 142 community awareness and action through educational, economic,
 143 and cultural service activities within Florida.

144 3. Five percent shall be distributed to the United Negro
 145 College Fund, Inc., to be used for college scholarships for
 146 Florida residents attending Florida's historically black
 147 colleges and universities.

148 (90) ALPHA KAPPA ALPHA SORORITY LICENSE PLATES.—

149 (a) The department shall develop an Alpha Kappa Alpha
 150 Sorority license plate as provided in this section and s.

151 | 320.08053. The plate must bear the colors and design approved by
 152 | the department. The word "Florida" must appear at the top of the
 153 | plate, and the name of the sorority must appear at the bottom of
 154 | the plate.

155 | (b) The annual use fees from the sale of the plate shall
 156 | be distributed as follows:

157 | 1. Ten percent shall be distributed to the Alpha Kappa
 158 | Alpha Educational Advancement Foundation, Inc., and used solely
 159 | for marketing of the Alpha Kappa Alpha Sorority license plate.

160 | 2. Eighty-five percent shall be distributed to the Alpha
 161 | Kappa Alpha Educational Advancement Foundation, Inc., and used
 162 | to promote community awareness and action through educational,
 163 | economic, and cultural service activities within Florida.

164 | 3. Five percent shall be distributed to the United Negro
 165 | College Fund, Inc., to be used for college scholarships for
 166 | Florida residents attending Florida's historically black
 167 | colleges and universities.

168 | (91) SIGMA GAMMA RHO SORORITY LICENSE PLATES.-

169 | (a) The department shall develop a Sigma Gamma Rho
 170 | Sorority license plate as provided in this section and s.
 171 | 320.08053. The plate must bear the colors and design approved by
 172 | the department. The word "Florida" must appear at the top of the
 173 | plate, and the name of the sorority must appear at the bottom of
 174 | the plate.

175 | (b) The annual use fees from the sale of the plate shall

176 be distributed as follows:

177 1. Ten percent shall be distributed to the Sigma Gamma Rho
 178 Sorority National Education Fund, Inc., and used solely for
 179 marketing of the Sigma Gamma Rho Sorority license plate.


180 2. Eighty-five percent shall be distributed to the Sigma
 181 Gamma Rho Sorority National Education Fund, Inc., and used to
 182 promote community awareness and action through educational,
 183 economic, and cultural service activities within Florida.

184 3. Five percent shall be distributed to the United Negro
 185 College Fund, Inc., to be used for college scholarships for
 186 Florida residents attending Florida's historically black
 187 colleges and universities.

188 Section 3. This act shall take effect October 1, 2017.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 73 Transportation Facility Designations
SPONSOR(S): Transportation & Infrastructure Subcommittee, Beshears
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Transportation & Infrastructure Subcommittee	14 Y, 0 N, As CS	Johnson	Vickers
2) Transportation & Tourism Appropriations Subcommittee		Davis	 Davis
3) Government Accountability Committee			

SUMMARY ANALYSIS

State law provides for legislative designations of transportation facilities for honorary or memorial purposes, or to distinguish a particular facility. The legislative designations do not officially change the current names of the facilities, nor does the law require local governments and private entities to change street signs, mailing addresses, or 911 emergency telephone system listings.

The bill creates the following honorary designations for the state's transportation facilities:

- SP4 Clifford Millender Memorial Highway in Franklin County.
- Joe C. Peavy Memorial Highway in Madison County.
- Historic Suwannee River Scenic Parkway in Hamilton and Suwannee Counties.
- Deputy Sheriff Atticus Haygood Ellzey Memorial Highway in Levy County.
- Robert L. Shevin Memorial Highway in Miami-Dade County.
- Warren E. "Charley" and Shirley Brown Memorial Highway in Okaloosa and Santa Rosa Counties.
- Joe Anderson, Jr., Memorial Highway in Dixie County.
- Deputy First Class Norman Lewis Memorial Highway in Orange County.
- Lieutenant Debra Clayton Memorial Highway in Orange County.
- Brigadier General Thomas "Mark" Stogsdill Memorial Overpass in Okaloosa County.

The bill directs the Department of Transportation (DOT) to erect suitable markers for each of the above designations.

DOT estimates a \$10,000 negative fiscal impact to the State Transportation Trust Fund associated with erecting the suitable markers for the above designations. The cost can be absorbed within existing department resources.

The bill has an effective date of July 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Section 334.071, F.S., provides for legislative designations of transportation facilities for honorary or memorial purposes, or to distinguish a particular facility. The legislative designations do not officially change the current names of the facilities, nor does the statute require local governments and private entities to change street signs, mailing addresses, or 911 emergency telephone-number system listings.

The statute requires DOT to place a marker at each termini or intersection of an identified road or bridge, and to erect other markers it deems appropriate for the transportation facility. The statute also provides that a city or county must pass a resolution in support of a particular designation before road markers are erected. Additionally, if the designated road segment extends through multiple cities or counties, a resolution must be passed by each affected local government.

Proposed Changes

The bill creates the following honorary transportation facility designations.

Subsection 1 designates that portion of U.S. 98/S.R.30 between Ryan Drive/W. 11th Street and N.E./S.E. 12th Street in Franklin County as "SP4 Clifford Millender Memorial Highway."

Specialist Fourth Class Robert Clifford Millender was killed on active duty during the Vietnam War on February, 14 1970. He was a recipient of the National Defense Service Medal, Vietnam Campaign Medal, Vietnam Service Medal, and the Purple Heart.

Subsection 2 designates that portion of S.R. 53 between U.S. 90/S.R. 10 and the Georgia State Line in Madison County as "Joe C. Peavy Memorial Highway."

Joe C. Peavy served as the Sheriff of Madison County from 1973 until his retirement in 2000. During his tenure, he was elected and served in various leadership positions in the Florida Sheriffs Association, rising to "Dean of Sheriffs" for the State of Florida in 1989. He was also involved in various community organizations. He passed away on November 19, 2016.

Subsection 3 designates that portion of U.S. 129/S.R. 51 between I-75 in Hamilton County and I-10 in Suwannee County as the "Historic Suwannee River Scenic Parkway."

The designation of the Historic Suwannee River Scenic Parkway is intended to promote tourism of the area around the Historic Suwannee River.

Subsection 4 designates that portion of U.S. 19/98/S.R. 55 between N. Otter Creek Avenue and S.E. 1st Avenue in Levy County as "Deputy Sheriff Atticus Haygood Ellzey Memorial Highway."

Deputy Sheriff Atticus Haygood Ellzey served with the Levy County Sheriff's Department. He was killed in the line of duty on January 28, 1945.

Subsection 5 designates that portion of Miami Avenue, between N.E. 5th Street and S.E. 7th Street in Miami Dade County as Robert L. Shevin Memorial Highway.

Robert L. Shevin had an extensive record of public service in Florida. He is only one of two men in the twentieth century to serve in all three branches of Florida Government. He served in the Florida Senate, Florida House of Representatives, as Florida's Attorney General and on the state's Third District Court of Appeal. He passed away July 11, 2005.

Section 6 designates that portion of U.S. 98/S.R. 30 between Rosewood Drive in Okaloosa County and Sunrise Drive in Santa Rosa County as "Warren E. 'Charlie' and Shirley Brown Memorial Highway."

Warren E. 'Charlie' and Shirley Brown were active in the Santa Rosa County Community. Their involvement included being boosters for the area's military bases and missions, the Navarre Beach Area Chamber of Commerce as well as numerous other boards and commissions. Charlie Brown passed away on January 14, 2011 and Shirley Brown passed away on December 23, 2016.

This highway was previously designated only to Mr. Brown and the bill adds Mrs. Brown to the designation.

Section 7 designates that portion of S.R. 349 between the Lafayette County Line and U.S. 98/S.R. 55 in Dixie County as "Joe Anderson, Jr., Memorial Highway."

Joe Anderson, Jr. founded what is now known as Anderson Columbia, Co., which is a major highway infrastructure construction company. In 1999, he was elected to the Florida Transportation Builders Hall of Fame. He passed away on November 29, 2016.

Section 8 designates that portion of C.R. 431/Pine Hills Road between Silver Star Road and S.R. 50 in Orange County as "Deputy First Class Norman Lewis Memorial Highway."

Deputy First Class Norman Lewis played football at the University of Central Florida. Following graduation he became an Orange County Sheriff's Deputy. He passed away in the line of duty on January 9, 2017.

Section 9 designates that portion of S.R. 438 between John Young Parkway and Pine Hills Road in Orange County as "Lieutenant Debra Clayton Memorial Highway."

Lieutenant Debra Clayton attended Valencia Community College and the University of Central Florida. Beginning in 1999, she served with the Orlando Police Department. She was killed in the line of duty on January 9, 2017.

Subsection 10 designates Bridge number 570175 on State Road 85 over 77th Special Forces Way in Okaloosa County as "Brigadier General Thomas "Mark" Stogsdill Memorial Overpass."

Brigadier General Thomas "Mark" Stogsdill was the former commander of the 919th Special Operations Wing at Duke Field. He was also involved in a variety of military-related charities in the Okaloosa County area. He passed away in July 2016.

The bill directs DOT to erect suitable markers for each of the above designations.

B. SECTION DIRECTORY:

Section 1 creates honorary transportation facility designations and directs DOT to erect suitable markers.

Section 2 provides an effective date of July 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DOT estimates a cost of \$1,000 per designation for the appropriate markers, which provides for two signs per designation at \$500 per sign. Therefore, the bill has an estimate negative fiscal impact to DOT of \$10,000. This cost can be absorbed within existing DOT resources.¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal government.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 8, 2017, the Transportation & Infrastructure Subcommittee adopted one amendment and reported the bill favorably as a committee substitute. The amendment:

- Changed the Joe C. Peavy designation to a memorial highway; and
- Created the following new designations:
 - Historic Suwannee River Scenic Parkway.
 - Deputy Sheriff Atticus Haygood Ellzey Memorial Highway.
 - Robert L. Shevin Memorial Highway.

- Warren E. "Charlie" and Shirley Brown Memorial Highway.
- Joe Anderson, Jr., Memorial Highway.
- Deputy First Class Norman Lewis Memorial Highway.
- Lieutenant Debra Clayton Memorial Highway.
- Brigadier General Thomas "Mark" Stogsdill Memorial Highway.

This bill analysis is written to the committee substitute.

1 A bill to be entitled
 2 An act relating to transportation facility
 3 designations; providing honorary designations of
 4 various transportation facilities in specified
 5 counties; directing the Department of Transportation
 6 to erect suitable markers; providing an effective
 7 date.

8
 9 Be It Enacted by the Legislature of the State of Florida:

10
 11 Section 1. Transportation facility designations;
 12 Department of Transportation to erect suitable markers.-

13 (1) That portion of U.S. 98/S.R. 30 between Ryan Drive/W.
 14 11th Street and N.E./S.E. 12th Street in Franklin County is
 15 designated as "SP4 Robert Clifford Millender Memorial Highway."

16 (2) That portion of S.R. 53 between U.S. 90/S.R. 10 and
 17 the Georgia state line in Madison County is designated as "Joe
 18 C. Peavy Memorial Highway."

19 (3) That portion of U.S. 129/S.R. 51 between I-75 in
 20 Hamilton County and I-10 in Suwannee County is designated as
 21 "Historic Suwannee River Scenic Parkway."

22 (4) That portion of U.S. 19/98/S.R. 55 between N. Otter
 23 Creek Avenue and S.E. 1st Avenue in Levy County is designated as
 24 "Deputy Sheriff Atticus Haygood Ellzey Memorial Highway."

25 (5) That portion of Miami Avenue between N.E. 5th Street
 26 and S.E. 7th Street in Miami-Dade County is designated as
 27 "Robert L. Shevin Memorial Highway."

28 (6) That portion of U.S. 98/S.R. 30 between Rosewood Drive
 29 in Okaloosa County and Sunrise Drive in Santa Rosa County is
 30 designated as "Warren E. 'Charlie' and Shirley Brown Memorial
 31 Highway."

32 (7) That portion of S.R. 349 between the Lafayette County
 33 line and U.S. 98/S.R. 55 in Dixie County is designated as "Joe
 34 Anderson, Jr., Memorial Highway."

35 (8) That portion of C.R. 431/Pine Hills Road between
 36 Silver Star Road and S.R. 50 in Orange County is designated as
 37 "Deputy First Class Norman Lewis Memorial Highway."

38 (9) That portion of S.R. 438 between John Young Parkway
 39 and Pine Hills Road in Orange County is designated as
 40 "Lieutenant Debra Clayton Memorial Highway."

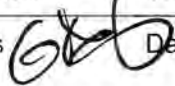
41 (10) Bridge number 570175 on State Road 85 over 77th
 42 Special Forces Way in Okaloosa County is designated as the
 43 "Brigadier General Thomas 'Mark' Stogsdill Memorial Overpass."

44 (11) The Department of Transportation is directed to erect
 45 suitable markers designating the transportation facilities as
 46 described in this section.

47 Section 2. This act shall take effect July 1, 2017.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 225 Transportation Facility Designations
SPONSOR(S): Miller, M.
TIED BILLS: IDEN./SIM. BILLS: SB 480

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Transportation & Infrastructure Subcommittee	15 Y, 0 N	Johnson	Vickers
2) Transportation & Tourism Appropriations Subcommittee		Davis 	Davis
3) Government Accountability Committee			

SUMMARY ANALYSIS

State law provides for legislative designations of transportation facilities for honorary or memorial purposes, or to distinguish a particular facility. The legislative designations do not officially change the current names of the facilities, nor does the law require local governments and private entities to change street signs, mailing addresses, or 911 emergency telephone system listings.

The bill creates the honorary designation of the Arnold Palmer Expressway in Orange County and directs the Department of Transportation (DOT) to erect suitable markers designating the Arnold Palmer Expressway.

DOT estimates a \$1,000 negative fiscal impact to the State Transportation Trust Fund associated with erecting the suitable markers for the above designation. The cost can be absorbed within existing department resources.

The bill has an effective date of July 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Section 334.071, F.S., provides for legislative designations of transportation facilities for honorary or memorial purposes, or to distinguish a particular facility. The legislative designations do not officially change the current names of the facilities, nor does the statute require local governments and private entities to change street signs, mailing addresses, or 911 emergency telephone-number system listings.

The statute requires DOT to place a marker at each terminus or intersection of an identified road or bridge, and to erect other markers it deems appropriate for the transportation facility. The statute also provides that a city or county must pass a resolution in support of a particular designation before road markers are erected. Additionally, if the designated road segment extends through multiple cities or counties, a resolution must be passed by each affected local government.

Proposed Changes

The bill creates an honorary designation for the Arnold Palmer Expressway on that portion of S.R. 408 between Kirkman Road and Clarke Road in Orange County as the "Arnold Palmer Expressway."

Arnold Palmer was a professional golfer who spent his winters in Central Florida. He was also a philanthropist involved in charitable endeavors, including the creation and development of the Arnold Palmer Hospital for Children and the Winnie Palmer Hospital for Women & Babies.

Additionally, the Arnold Palmer Invitational golf tournament is annually played at Bay Hill in the Orlando area.

Arnold Palmer passed away on September 26, 2016.

The bill directs DOT to erect suitable markers designating the Arnold Palmer Expressway.

B. SECTION DIRECTORY:

Section 1 provides for an honorary designation of the Arnold Palmer Expressway and directs DOT to erect suitable markers.

Section 2 provides an effective date of July 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DOT estimates a cost of \$1,000 for erecting appropriate markers, which provides for two signs at \$500 per sign. This cost can be absorbed within existing DOT resources.¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal government.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

State Road 408 is the East-West Expressway, which is a facility owned by the Central Florida Expressway Authority (CFX). CFX has adopted a resolution supporting this designation.²

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.

² CFX Resolution No. 2016-368.
STORAGE NAME: h0225b.TTA.DOCX
DATE: 2/20/2017

1 A bill to be entitled
 2 An act relating to transportation facility
 3 designations; providing honorary designation of a
 4 certain transportation facility in a specified county;
 5 directing the Department of Transportation to erect
 6 suitable markers; providing an effective date.

7
 8 Be It Enacted by the Legislature of the State of Florida:

9
 10 Section 1. Arnold Palmer Expressway designated; Department
 11 of Transportation to erect suitable markers.-

12 (1) That portion of S.R. 408 between Kirkman Road and
 13 Clarke Road in Orange County is designated as "Arnold Palmer
 14 Expressway."

15 (2) The Department of Transportation is directed to erect
 16 suitable markers designating Arnold Palmer Expressway as
 17 described in subsection (1).

18 Section 2. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Community Catalyst Project

2. Date of Submission: 01/17/2017

3. House Member Sponsor: Sean Shaw

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

b. What is the most recent fiscal year the project was funded? 2016-17

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 (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:	A	B	C	D	E
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:		500,000			3,000,000	3,000,000

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 Economic Opportunity**

6. Requester:

- a. Name: Ernest Coney
- b. Organization: FL Collaborative for Affordable Housing & Community Development, d.b.a NeighborWorks FL Collaborative
- c. Email: ernest.coney@cdcoftampa.org
- d. Phone #: (813)231-4362

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

- a. Name: Stephen Ponzillo
- b. Organization: NeighborWorks Florida Collaborative
- c. Email: stephen.ponzillo@nwflc.org
- d. Phone #: (813)449-1156

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

- a. Name: Karen Skyers
- b. Firm: Becker & Poliakoff
- c. Email: kskyers@bplegal.com
- d. Phone #: (813)304-9463

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

- a. Name: Corporation to Develop Communities of Tampa, Inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Duval, Escambia, Hillsborough, Leon, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas

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 NeighborWorks Florida Collaborative is a statewide association comprised of 12 Chartered Member organizations. We exist to amplify the impact of our member organizations, as they work to: foster sustainable homeownership, develop affordable housing and provide capital to build strong, thriving communities. The requested funds will be spent to stabilize neighborhoods and communities physically and economically impacted by increased foreclosure rates and disinvestment over the past 10 years.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	YES - 50% of Staff Director Position	38,750
<input checked="" type="checkbox"/> b. Other Salary and Benefits	YES - 1 FTE for Project Oversight	28,750
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	YES - Oversight visits to 12 members	4,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	YES - Administrative Overhead Costs	24,500
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	YES - Staffing costs for Programming	435,600
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	YES - Other Programming Costs	1,268,400
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	YES - Each of the 12 members will look to engage in	1,200,000

	construction/renovation.	
TOTAL		3,000,000

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)

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:

Major organizational backing has been provided by NeighborWorks America since it's inception. NeighborWorks America annually invests more than \$3 million to support the efforts of Florida's 12 local member organizations. NeighborWorks has also provided additional funding to support efforts of 3 of the 12 members to create 'catalytic' neighborhood change (CDC of Tampa, Inc.; Community Partners, Inc.; Rural Neighborhoods, Inc.).

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:

United Way of Florida's ALICE Report (uwof.org/alice) demonstrates that 45 percent of Florida households struggle to afford the basic necessities of housing, child care, food, health care and transportation. Also, the University of Florida's Shimberg Center for Housing Studies (shimberg.ufl.edu) has published numerous reports detailing Florida's ongoing shortage of affordable housing units -- before, during, and after the Great Recession.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Veterans

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
--------------------	--	--

<input type="checkbox"/> Improve physical health		
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	# of affordable housing units	successmeasures.org
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	# of jobs created or maintained	successmeasures.org
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	# of individuals able to afford the basic costs in their county	successmeasures.org
<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 checked="" type="checkbox"/> Other (Please describe): Improve sustainability of homeownership. Increase services to Veterans	# of new homeowners created. # of veterans served.	successmeasures.org

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:	3,000,000	2.1%	N/A
2. Federal:	59,725,000	41.7%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	29,862,000	20.9%	No
4. Local:	27,733,600	19.4%	No
5. Other:	22,752,000	15.9%	No
TOTAL	143,072,600	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Community Catalyst Project; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Florida Community Catalyst Project is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 43, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$3,000,000 from the General Revenue Fund is appropriated to
 14 the Department of Economic Opportunity to fund the Florida
 15 Community Catalyst Project as described in Appropriations
 16 Project Request 43. Notwithstanding any law to the contrary,
 17 there shall be no recurring funding provided for this
 18 Appropriations Project.

19 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Venice – Road Improvement Project Phase 2
2. Date of Submission: 01/17/2017
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? 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:	A	B	C	D	E
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:					2,000,000	2,000,000

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:

- a. Name: Edward Lavallee
- b. Organization: City of Venice
- c. Email: Elavallee@Venicegove.com
- d. Phone #: (941)882-7399

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

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

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

- a. Name: Nick Iarossi
- b. Firm: Capital City Consulting
- c. Email: niarossi@capcityconsult.com
- d. Phone #: (850)222-9075

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

- 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's Road Improvement Project is a multi-year project and the City is seeking appropriation funding for Phase 2 for milling/paving for many roads that have degraded to an unacceptable level. Project will include a large scale pavement restoration program including upgrading adjacent existing pedestrian and bicycle facilities to increase multi-modal use and most importantly safety. Upgrades will also bring facilities into compliance with the American with Disabilities Act.

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:		
<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	Milling/paving which includes upgrades to bring the facilities into compliance with the American with	2,000,000

	Disabilities Act (ADA) and additional bike lines and sharrow striping and upgrades to walking facilities to increase multi-modal use and safety.	
TOTAL		2,000,000

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)

- 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:

The roadway improvements have been supported by the citizens of the City as they approved a Bond Issue to address some of the needs. The overall roadway project has also been supported by our elected officials as Safety for our citizens is extremely important. Several presentations have been made and also been discussed at several City Council Meetings but also to local HOA’s and Civic groups.

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:

City of Venice 2014 Pavement Management Analysis Final Report prepared by Stantec Consulting Services Inc. dated May 14, 2015.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

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
--------------------	--	--

<input checked="" type="checkbox"/> Improve physical health	Encouraged physical activity by adding sidewalks and bike lanes.	Increased 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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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	Improved bike lanes and sidewalks will allow more visitors and citizens to enjoy the City's businesses, restaurants, and attractions.	Increased sales tax revenue from area businesses, city events, downtown farmers market, festivals.
<input checked="" type="checkbox"/> Increase tourism	Attract tourists looking for active lifestyles including bicycling and easy walking access to beaches and shopping.	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.	Increased 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 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:	2,000,000	25.0%	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:	6,000,000	75.0%	Yes
5. Other:	0	0.0%	No
TOTAL	8,000,000	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 City of Venice - Road Improvement Project Phase 2;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. City of Venice - Road Improvement Project Phase
 10 2 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 29, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$2,000,000 from the State Transportation (Primary) Trust Fund
 16 is appropriated to the Department of Transportation to fund the
 17 City of Venice - Road Improvement Project Phase 2 as described
 18 in Appropriations Project Request 29. Notwithstanding any law to
 19 the contrary, there shall be no recurring funding provided for
 20 this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Taylor House of African American Museum Project

2. Date of Submission: 01/25/2017

3. House Member Sponsor: Ramon Alexander

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:	A	B	C	D	E
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:					200,000	200,000

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 State**

6. Requester:

- a. Name: Rev. Ernest Ferrell
- b. Organization: Tallahassee Urban League
- c. Email: Turbanleague@yahoo.com
- d. Phone #: (850)222-6111

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

- a. Name: Curtis Taylor
- b. Organization: Tallahassee Urban League
- c. Email: ctkoot63@gmail.com
- d. Phone #: (850)251-3025

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: Tallahassee Urban League
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 project is a statewide initiative designed to produce a Model Community-Based Curriculum that will Educate Students and the general public on the Lives and Legacies of Florida African History and Culture. Funding will increase commerce, tourism and the Florida economy.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	To oversee project	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	To operate Taylor House	20,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Staff to prepare documents	60,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel and supplies to secure info	30,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Secure info, documents and history	70,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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)

N/A

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:

Leon County Legislative Delegation Meeting

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): General Public

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Educate Public	Prepare new documents
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educate Students	Prepare new students curriculum
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase tourism	Include info on existing museums

<input checked="" type="checkbox"/> Increase tourism	Increase museum visitors	Include info on existing museums
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 checked="" type="checkbox"/> Other (Please describe): General Public	Educate general public	Prepare new documents

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:	200,000	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	200,000	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Taylor House of African American Museum Project;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Taylor House of African American Museum Project
 10 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 117, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$200,000 from the General Revenue Fund is appropriated to the
 16 Department of State to fund the Taylor House of African American
 17 Museum Project as described in Appropriations Project Request
 18 117. Notwithstanding any law to the contrary, there shall be no
 19 recurring funding provided for this Appropriations Project.

20 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Marks Lighthouse Structure Preservation

2. Date of Submission: 01/23/2017

3. House Member Sponsor: Halsey Beshears

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

b. What is the most recent fiscal year the project was funded? 2016-17

c. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:	A	B	C	D	E
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:		550,000	550,000		300,000	300,000

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 State**

6. Requester:

- a. Name: Thomas Baird
- b. Organization: St. Marks Refuge Association, Inc.
- c. Email: tbaird01@comcast.net
- d. Phone #: (850)491-6074

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

- a. Name: Thomas Baird
- b. Organization: St. Marks Refuge Association, Inc.
- c. Email: tbaird01@comcast.net
- d. Phone #: (850)491-6074

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: St. Marks Refuge Association, Inc.
- b. County (County where funds are to be expended): Wakulla
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Jefferson, Leon, Wakulla

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?

Repair and protect the lighthouse and keeper's quarters from further deterioration and neglect. Preserve the integrity of the structure as a National Historic Site. Preserve the history of the lighthouse for future generations. Create an economic asset to Wakulla County by increasing tourism.

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:		
<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	Replace rotted stairs, re-roof, replace rotted windows and floors, restroom building, repaint	300,000
TOTAL		300,000

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)

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): U.S. Fish & Wildlife Service, St. Marks National Wildlife Refuge

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:

Letters of support/endorsement from the Wakulla Tourist Dev Council, Wakulla Chamber of Commerce, Wakulla Co Commissioners, Mayor/City Council of City of St. Marks, Tallahassee Mayor & City Council, local businesses

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:

St. Marks Lighthouse Condition Assessment Report, Revised April 28, 2014, by Kenneth Smith Architects, Inc. and Atlantic Engineering Services, Inc. of Jacksonville.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Families, general public

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Unique museum destination	Surveys, pre-post tests for students
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	10 to 1 multiplier (USFWS study)	Visitation rates
<input checked="" type="checkbox"/> Increase tourism	36-40,000 new annual visitors	Entrance fees, 10 to 1 multiplier
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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:	300,000	44.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	345,082	50.7%	No
4. Local:	0	0.0%	No
5. Other:	35,000	5.1%	No
TOTAL	680,082	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 St. Marks Lighthouse Structure Preservation; providing
 4 an appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. St. Marks Lighthouse Structure Preservation is
 9 an Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 91, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$300,000 from the General Revenue Fund is appropriated to the
 14 Department of State to fund the St. Marks Lighthouse Structure
 15 Preservation as described in Appropriations Project Request 91.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Historic Hernando School Restoration
2. Date of Submission: 01/27/2017
3. House Member Sponsor: Ralph Massullo
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: A	B	C	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:					396,400	396,400

5. Are funds for this issue requested in a state agency? 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 State**

6. Requester:

- a. Name: John Grannan
- b. Organization: Citrus County Historical Society, Inc
- c. Email: citrushistoricalsociety@gmail.com
- d. Phone #: (352)341-6436

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

- a. Name: Katherine Turner-Thompson
- b. Organization: CCBOCC Historical Resource Manager
- c. Email: katherine.turner@citrusbocc.com
- d. Phone #: (352)341-6436

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: Citrus County, political subdivision of the state of Florida
- b. County (County where funds are to be expended): Citrus
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Levy, Marion, Sumter

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?

When attained, the goal of completing the restoration of the Historic Hernando School will provide a community and cultural center, after-school learning center, and museum, serving to enrich the community of Hernando and surrounding areas.

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:		
<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	see attached	396,400
TOTAL		396,400

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)

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:

Community support for and backing of this project, including from county government, local businesses, and many non-profit groups, including the Community Resource Center, Citrus County 4-H Clubs, Friends of the Libraries, and the Citrus County Blessings program, among others. Letters of support and documentation of in-kind donations of services and labor are attached. The Hernando Heritage Council has hosted the Hernando Heritage Days festival and Cracker Cattle Drive events (fundraising)

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): tourists/visitors

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	visitor patron survey	visitors will be provided with surveys
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Fiscal-year-end survey of community businesses	Businesses will be provided with a survey
<input checked="" type="checkbox"/> Increase tourism	visitor/patron survey; bed tax revenue analysis	Distribute surveys to visitors; collaborate with TDC to evaluate impact of restored school on overnight stays
<input checked="" type="checkbox"/> Create specific immediate job opportunities	jobs created by restoration work	Track number of workers employed on project
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 checked="" type="checkbox"/> Other (Please describe): Improve and increase community-state partnerships; state-wide benefits	Identify number of partners	Analyze number of partnerships before and after restoration

including: economic growth		
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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:	396,400	83.8%	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:	76,500	16.2%	Yes
5. Other:	0	0.0%	No
TOTAL	472,900	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Historic Hernando School Restoration; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Historic Hernando School Restoration is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 193, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$396,400 from the General Revenue Fund is appropriated to the
 14 Department of State to fund the Historic Hernando School
 15 Restoration as described in Appropriations Project Request 193.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: East Kimberly Boulevard and Tam O'Shanter Boulevard Roadway Improvements
2. Date of Submission: 01/25/2017
3. House Member Sponsor: Barrington Russell
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- 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 (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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(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.)</i>
Input Amounts:		200,000	200,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 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:

- a. Name: George Krawczyk, P.E.
- b. Organization: City of North Lauderdale
- c. Email: gkrawczyk@nlauderdale.org
- d. Phone #: (954)724-7070

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

- a. Name: George Krawczyk, P.E.
- b. Organization: City of North Lauderdale
- c. Email: gkrawczyk@nlauderdale.org
- d. Phone #: (954)724-7070

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: City of North Lauderdale
- 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)

- 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 request is to improve the condition of two major City streets. Both streets are over 50 years old and are in need of resurfacing with safety improvements along the pedestrian walkways. To accomplish this goal, the project scope of work will include improving curbing, adding minor retaining walls, restoring the swales and widening the sidewalk to meet current ADA requirements. Once completed, these roadways are anticipated to have a useful life of approximately 30 years.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? 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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants will provide set of plans for bidding	40,000
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	Engineering design fees and	960,000

	Contractor construction costs	
TOTAL		1,000,000

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)

- 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:

The requested project was discussed at community workshops and regular meetings

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Residents of the City of North Lauderdale and persons using the road

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
<input type="checkbox"/> Improve physical health		
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Reduced customer complaints on the roadway conditions	Tracking the number of customer complaints on roadway conditions. Traffic counts.
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased roadway use	Traffic counts
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	66.7%	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:	500,000	33.3%	Yes
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

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 East Kimberly Boulevard and Tam O'Shanter Boulevard
4 Roadway Improvements; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. East Kimberly Boulevard and Tam O'Shanter
10 Boulevard Roadway Improvements is an Appropriations Project as
11 defined in The Rules of The Florida House of Representatives and
12 is described in Appropriations Project Request 136, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
15 of \$1,000,000 from the State Transportation (Primary) Trust Fund
16 is appropriated to the Department of Transportation to fund the
17 East Kimberly Boulevard and Tam O'Shanter Boulevard Roadway
18 Improvements as described in Appropriations Project Request 136.
19 Notwithstanding any law to the contrary, there shall be no
20 recurring funding provided for this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Southwest Ranches Street Lighting Project
2. Date of Submission: 01/26/2017
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? Yes
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? 2015-16
- 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 (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:	A	B	C	D	E
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:					200,000	200,000

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:

- a. Name: Andrew D. Berns
- b. Organization: Town of Southwest Ranches
- c. Email: aberns@swranches.org
- d. Phone #: (954)434-0008

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

- a. Name: Emily McCord Aceti
- b. Organization: Town of Southwest Ranches
- c. Email: eaceti@swranches.org
- d. Phone #: (954)343-7453

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

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group
- c. Email: diaz@sostrategy.com
- d. Phone #: (305)421-6304

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

- a. Name: Town of Southwest Ranches
- 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)

- 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 Town desires to install solar lighting along Griffin Road (State Road 818) from Interstate 75 to US 27 to illuminate the intersections. This narrow roadway, which is feet from a deep canal, in combination with a lack of street lighting creates hazardous driving conditions. The intent of this project is to save lives by increasing vehicular safety along this dangerous State roadway. The installation of street lighting will dramatically improve vehicular safety and visibility.

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:		
<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	The Town desires to install solar lighting along Griffin Road (State Road 818) from Interstate 75 to US	200,000

	27 to increase visibility and vehicular safety.	
TOTAL		200,000

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)

- 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:

This project has been identified in the Town's Comprehensive Plan. It has been approved and prioritized by the Town's Drainage and Infrastructure Advisory Board and Rural Public Arts Board.

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

No

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

No

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
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<input type="checkbox"/> Improve physical health		
<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.)	Improve vehicular safety and road visibility on State Road 818.	Number of traffic accidents at night.
<input checked="" type="checkbox"/> Improve transportation conditions	Improve vehicular safety and road visibility on State Road 818.	Number of traffic accidents at night.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	This project will employ surveyors, electrical engineers, electricians, etc.	Number of jobs created.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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:	200,000	80.0%	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:	50,000	20.0%	Yes
5. Other:	0	0.0%	No
TOTAL	250,000	100%	

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

No

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A bill to be entitled

An act relating to the Appropriations Project titled Southwest Ranches Street Lighting Project; providing an appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Southwest Ranches Street Lighting Project is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 166, herein incorporated by reference.

Section 2. For fiscal year 2017-2018 the nonrecurring sum of \$200,000 from the State Transportation (Primary) Trust Fund is appropriated to the Department of Transportation to fund the Southwest Ranches Street Lighting Project as described in Appropriations Project Request 166. Notwithstanding any law to the contrary, there shall be no recurring funding provided for this Appropriations Project.

Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: JARC Transition Pre-Employment Training Program

2. Date of Submission: 01/24/2017

3. House Member Sponsor: Bill Hager

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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(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.)</i>
Input Amounts:		180,000	180,000		204,746	204,746

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 Economic Opportunity**

6. Requester:

- a. Name: Nancy Freiwald
- b. Organization: JARC Florida
- c. Email: nancyf@jarcfl.org
- d. Phone #: (561)558-2557

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

- a. Name: Nancy Freiwald
- b. Organization: JARC Florida
- c. Email: nancyf@jarcfl.org
- d. Phone #: (561)558-2557

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: JARC Florida
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Palm Beach

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?

Continued employment opportunities for adults with Autism and intellectual disabilities.

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:		
<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 checked="" type="checkbox"/> e. Salaries and Benefits	Salaries for Job Coaches to provide on the job training to participants. Salaries for participants of on the job training.	195,896
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel expenses to and from the work sites. Background screenings Marketing Office supplies	8,850
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		204,746

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)

N/A

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:

Letters of support from our business partners

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

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
<input checked="" type="checkbox"/> Improve physical health	Increase in physical activity for persons with disabilities	We will measure the number of medical appointments.
<input checked="" type="checkbox"/> Improve mental health	Improved self-esteem through community employment and a sense of purpose	We will measure the benefit through a wellness survey pre and post participation in the program
<input checked="" type="checkbox"/> Enrich cultural experience	Through increased community integration for persons with disabilities.	We will measure the number of participants and the number of opportunities for community integration
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	We will partner with restaurants that utilize a farm to table concept.	We will measure the number of participants involved with farm to table restaurants.

<input checked="" type="checkbox"/> Improve quality of education	Through classes that teach persons with disabilities how to build a resume and how to complete a job application.	We will measure the success of the education through pre and post participation evaluations.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Persons with disabilities will become employed in our local community.	We will measure the number of hours worked and the salaries paid.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	We will create paid internship with local businesses.	We will measure the number of community business partners and the number of participants in the internship program.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Persons with disabilities who are dependent on public subsidies will now have a viable income source.	We will measure the salaries paid to participants.
<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 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:	204,746	91.1%	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:	20,000	8.9%	Yes
TOTAL	224,746	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 JARC Transition Pre-Employment Training Program;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. JARC Transition Pre-Employment Training Program
 10 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 105, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$204,746 from the General Revenue Fund is appropriated to the
 16 Department of Economic Opportunity to fund the JARC Transition
 17 Pre-Employment Training Program as described in Appropriations
 18 Project Request 105. Notwithstanding any law to the contrary,
 19 there shall be no recurring funding provided for this
 20 Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: White Springs Community Center
2. Date of Submission: 01/31/2017
3. House Member Sponsor: Elizabeth Porter
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:	A	B	C	D	E
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:					700,000	700,000

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 Economic Opportunity**

6. Requester:

- a. Name: Louie Goodin
- b. Organization: Hamilton County Board of County Commissioners, Town of White Springs
- c. Email: hamiltoncounty@windstream.net
- d. Phone #: (386)792-6639

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

- a. Name: Louie Goodin
- b. Organization: Hamilton County Board of County Commissioners, Town of White Springs
- c. Email: hamiltoncounty@windstream.net
- d. Phone #: (386)792-6639

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: Hamilton County, Town of White Springs
- b. County (County where funds are to be expended): Hamilton
- c. Service Area (Counties being served by the service(s) provided with funding): Columbia, Hamilton

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?

Construction of a 5,000 square foot multi-purpose community center for the city of White Springs.

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:		
<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	Construct Community Center	700,000
TOTAL		700,000

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)

- 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:

Hamilton BoCC discussed project during public meeting and voted to request funding. The Town Council of White Springs also discussed during regular public meeting and voted to request funding.

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Beneficial to youth and citizens of White Springs	Review number of programs/kids/citizens served
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental,	Provide shelter for affected citizens	Monitor injuries post storm

criminal, etc.)	during and/or after a severe storm	
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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:	700,000	78.9%	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:	187,126	21.1%	Yes
5. Other:	0	0.0%	No
TOTAL	887,126	100%	

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

No

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A bill to be entitled
An act relating to the Appropriations Project titled
White Springs Community Center; providing an
appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. White Springs Community Center is an
Appropriations Project as defined in The Rules of The Florida
House of Representatives and is described in Appropriations
Project Request 249, herein incorporated by reference.

Section 2. For fiscal year 2017-2018 the nonrecurring sum
of \$700,000 from the General Revenue Fund is appropriated to the
Department of Economic Opportunity to fund the White Springs
Community Center as described in Appropriations Project Request
249. Notwithstanding any law to the contrary, there shall be no
recurring funding provided for this Appropriations Project.

Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Sandspur Road Connector Trail
2. Date of Submission: 01/27/2017
3. House Member Sponsor: Robert Cortes
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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</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 Request <i>(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.)</i>
Input Amounts:					375,000	375,000

5. Are funds for this issue requested in a state agency? 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:

- a. Name: Sharon M. Anselmo
- b. Organization: City of Maitland
- c. Email: sanselmo@itsmymaitland.com
- d. Phone #: (407)539-6221

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

- a. Name: Sharon M. Anselmo
- b. Organization: City of Maitland
- c. Email: sanselmo@itsmymaitland.com
- d. Phone #: (407)539-6221

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

- a. Name: Louis Rotundo
- b. Firm: Rotundo & Associates
- c. Email: lcr5002@aol.com
- d. Phone #: (407)491-5100

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

- a. Name: City of Maitland, Florida
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Osceola, Seminole

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?

Construction of a 6,600 linear foot concrete regional connector trail along Sandspur Road which will complete connections to regional facilities to include the Winter Park Bicycle network, the Orlando Urban Trail, Orange County's Pine Hills Trail, and the Coast to Coast Connector Trail.

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:		
<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	Construction cost of concrete connector trail	375,000
TOTAL		375,000

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)

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:

This project was recommended by the City of Maitland's Parks & Recreation and Transportation Advisory Boards. Five public hearings were held at the Planning & Zoning Commission and City Council level. The project was approved at a final public hearing in September 2016 and is in the City's adopted Capital Improvements Plan.

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:

CPH, Inc. (Engineers)- "Bicycle/Pedestrian Study- East to West Connector"- In 2016, the City of Maitland funded a feasibility and engineering study to determine th best way to connect the new Florida Department of Transportation pedestrian overpass (Ultimate I-4 Project) to the regional trails and the SunRail station. This connector trail was recommended by the consultants.

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

No

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	Describe the method for measuring level
--------------------	---	---

	or outcome	of benefit
<input checked="" type="checkbox"/> Improve physical health	Per the CDC such routes allow all members of the community a chance to enjoy the outdoors and get physical and mental health benefits	Bicycle and pedestrian counts before and after the project completion
<input checked="" type="checkbox"/> Improve mental health	Per the CDC such routes allow all members of the community a chance to enjoy the outdoors and get physical and mental health benefits	Bicycle and pedestrian counts before and after the project completion
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Provides non vehicular options for access east and west, to the SunRail station and regional trails	Bicycle and pedestrian counts before and after the project completion
<input checked="" type="checkbox"/> Increase or improve economic activity	This trail facility will "feed" people in to and out of the SunRail station and to the Downtown and Westside Commerce areas.	Bicycle and pedestrian counts before and after the project completion
<input checked="" type="checkbox"/> Increase tourism	This trail facility will "feed" people in to and out of the SunRail station and to the Downtown and Westside Commerce areas.	Bicycle and pedestrian counts before and after the project completion

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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):		

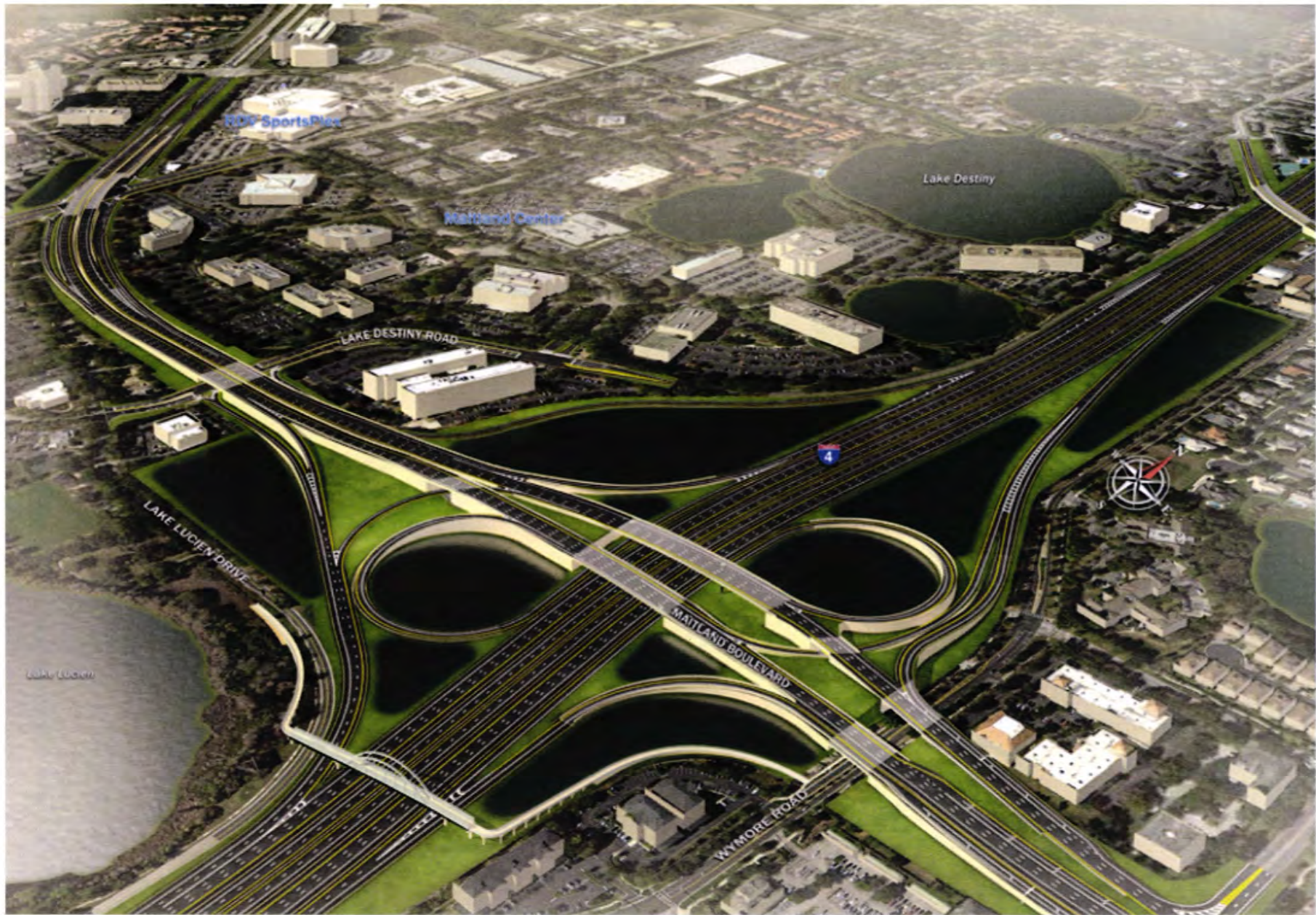
19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

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:	375,000	47.5%	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:	413,900	52.5%	Yes
5. Other:	0	0.0%	No

TOTAL	788,900	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No



1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Sandspur Road Connector Trail; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Sandspur Road Connector Trail is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 181, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$375,000 from the State Transportation (Primary) Trust Fund
 14 is appropriated to the Department of Transportation to fund the
 15 Sandspur Road Connector Trail as described in Appropriations
 16 Project Request 181. Notwithstanding any law to the contrary,
 17 there shall be no recurring funding provided for this
 18 Appropriations Project.

19 Section 3. This act shall take effect July 1, 2017.

**DHSMV Presentation on
Motorist Modernization**




A SAFER
FLORIDA

HIGHWAY SAFETY AND MOTOR VEHICLES



MOTORIST MODERNIZATION

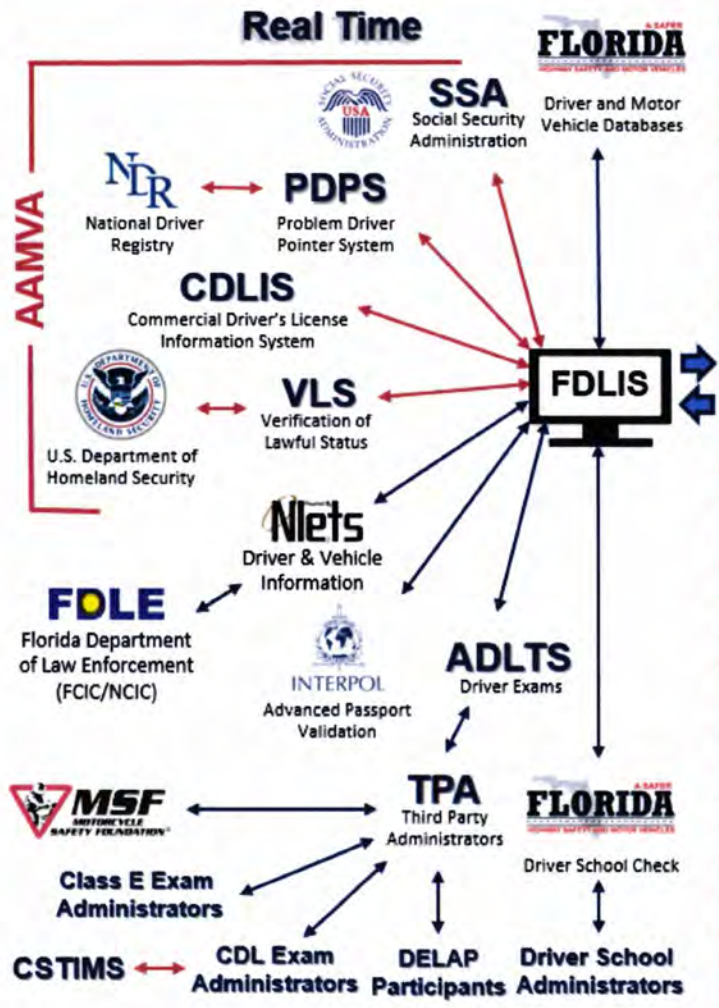


Date – Feb. 22, 2017

Motorist Modernization

- **The Motorist Modernization program strives to**
 - Modernize driver license and vehicle registration systems to serve Florida's growing population, without growing government.
- **Funding Received - \$17.6M**
 - \$2.5M in Fiscal Year 14/15.
 - \$6.4M in Fiscal Year 15/16.
 - \$8.7M for Fiscal Year 16/17.
- **Funding Request for Fiscal Year 17/18**
 - Phase I - \$9.8M
 - Phase II - \$4.1M

Partner Connections



Motorist Modernization



Goals and Benefits

- Redesign applications with new technology, which can be easily utilized and maintained.
- Provide customers with comprehensive data to improve service delivery.
- Expand online capabilities to allow customers to access additional services whenever and wherever they want.
- Enable technology expansion to support future business needs.
- Increase customer service and application efficiency through process reengineering.

Accomplishments

- All requirements have been validated.
- Software development has started.
 - First year of development ends in June 2017.
- Monthly Executive Steering Committee meetings.
- Monthly Advisory Board Meetings.
- Meetings with stakeholders.

Project Oversight



Three baseline readiness assessments conducted on the Motorist Modernization Project.

- KPMG
- Agency for State Technology
- Ernst and Young

Monthly assessment reports conducted by Ernst and Young.

- Quarterly assessment report by Agency for State Technology.

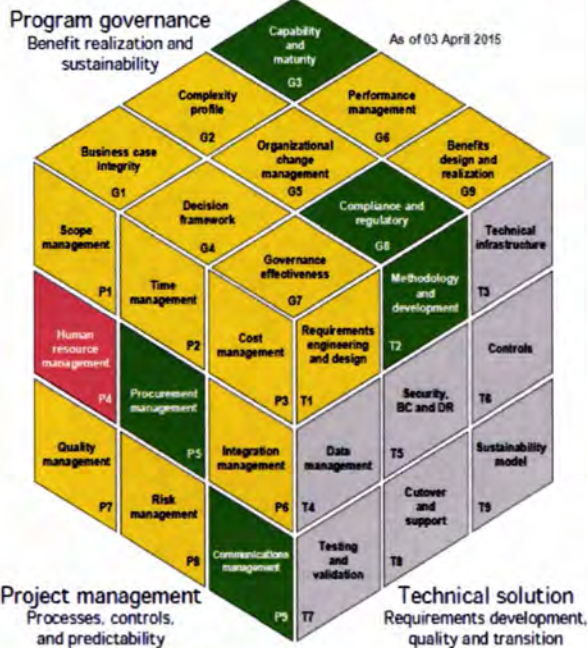
Oversight

April 3, 2015

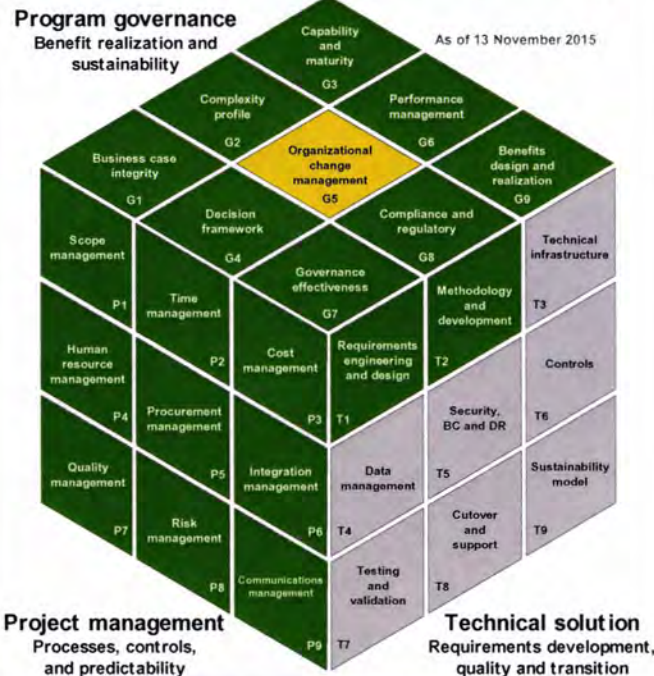
November 13, 2015

February 14, 2017

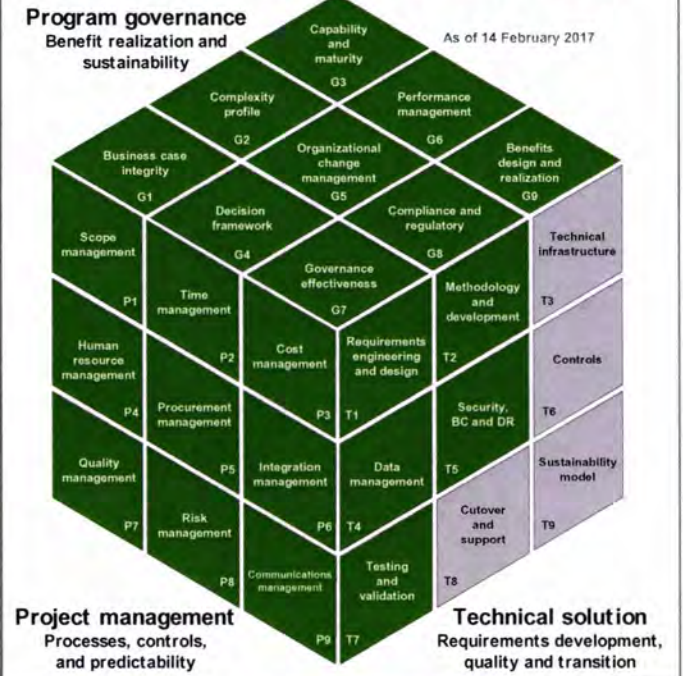
Risk state of the MM Program (Phase I)



Risk state of the MM Program (Phase I)



Risk state of the MM Program (Phase I)



Indicates that the area being assessed has critical issues that will result in significant risk to the project most likely resulting in either the inability to achieve the outcomes, inability to meet the projected schedule, or a significant cost over-run. Requires immediate action.



Indicates that the area being assessed has issues that need to be resolved; inefficiencies exist. Current process/method can be used with refinement.



Indicates that the area being assessed did not have significant issues to report. Continued monitoring should be performed.



Indicates that the area being assessed has incomplete information available for a conclusive finding or is not applicable.

New Driver License Issuance System

- Improved issuance workflow.
- Ability to navigate to any screen in the issuance.
- Streamline the clearance process.
- Automatically add endorsement or restrictions.
- Be On the Look-Out (BOLO) information available without the use of external websites.
- Quick links throughout the application.



Motorist Modernization Current System

Sanction Clearance

1. Review customer record.
2. Check driver history.
3. Open new browser.
4. Navigate to Manual.
5. Research clearance requirements.
6. Read clearance requirements.
7. Return to FDLIS.
8. Determine and select sanctions eligible for clearance.
9. Start transaction.

View Sanctions

Sanctions Type	Description	Effective Date	Expiration Date	Ticket/Case	County	Req. Met	Reinstate Chart
CAN	DL EXPIRED - F.S. 322.08(6)	04/05/2016	Indefinite			<input type="checkbox"/>	<input type="checkbox"/>
DSU	FAILED TO PAY TRAFFIC FINE(PENALTY)	03/01/2016	Indefinite	6954616	ALACHUA	<input type="checkbox"/>	<input type="checkbox"/>
SUS	FAILURE TO PASS-DRIVING TEST ONLY	01/06/2016	Indefinite		BROWARD	<input type="checkbox"/>	<input type="checkbox"/>

DL History Inquiry

Cancellations

L252-421-88-634-0

BLOCK PERSONAL RECORD INFO

JESSICA ADLTS LICENSE
123 APALACHEE DOWN TOWN
TALLAHASSEE, FL 32399-2525

WHITE DOB: 04/14/1988
FEMALE SSN: ---8147

Cancellation indefinitely for
DL EXPIRED - F.S. 322.08
- State: FL

Clear Sanctions

Clearance	Type	Description	Effective Date	Expiration Date	Ticket/Case	County	Req. Met	Reinstate Chart
<input checked="" type="checkbox"/>	02/09/2017	CAN	DL EXPIRED - F.S. 322.08(6)	04/05/2016	Indefinite		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	01/06/2017	SUS	FAILURE TO PASS-DRIVING TEST ONLY	01/06/2016	Indefinite	6954616	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		SUS	FAILURE TO PASS-DRIVING TEST ONLY	01/06/2016	Indefinite	6954616	<input type="checkbox"/>	<input type="checkbox"/>

Financial Responsibility Sanctions

Clearance	Type	Description	Effective Date	Need Date	Case Number	Reinstate Chart
<input type="checkbox"/>						<input type="checkbox"/>

Motorist Modernization New System

Navigates user to document mailed to customer with clearance instructions.

The screenshot displays the Motorist Modernization New System interface. At the top, a 'Sanctions' table lists various suspension types. A red box highlights the first row of the table, and an arrow points from this row to a 'DL Operations Manual' window. The manual window shows the 'DRIVER LICENSE OPERATIONS MANUAL' with a section for 'Sanctions and Clearance' and 'SC 01.3 - Suspensions'. A red box highlights the 'Clearance' button in the bottom right corner of the manual window. An arrow points from this button to a 'Start Transaction' button located below the manual window. The interface also includes sections for 'Financial Responsibility' and 'CDI Withdrawals' on the left side.

Clear	Clear Date	Sanction Type	Description/Details (Reprint Letter)	Effective Date	Expiration Date	Sanction #	County	Req. Met	School Comp.	DL Oper. Manual
<input type="checkbox"/>		SUS	17 - FAILURE TO PASS-DRIVING TEST ONLY	01/06/2016	Indefinite		BROWARD	No	No	502.8.25
<input type="checkbox"/>		DSU	5 - FAILED TO PAY TRAFFIC FINE(PENALTY)	03/01/2016			ALACHUA	No	No	502.8.25
<input type="checkbox"/>		CAN	101 - DL EXPIRED - F.S. 322.08 (6)	04/05/2016				No	No	502.8.25

DL Operations Manual

DRIVER LICENSE OPERATIONS MANUAL

Sanctions and Clearance

SC 01.3 - Suspensions

Included in this section:

Scroll through or select a link to go directly to the selected section.

Sanctions and Clearances

SC 01.3 - Suspensions 1

SC 01.3.1 - Overview 1

SC 01.3.2 - SUS 1

SC 01.3.3 - SUS 2

References 2

SC 01.3.1 - Overview

Description

The purpose of this section is to ...

Generate

Clearance

Start Transaction

New Customer Portal

- Customer Dashboard
 - Emergency Contact Information
 - Sanctions
 - Hazmat Status
- License Status
- Useful Links



MyDMV Portal

Florida Department of Highway Safety and Motor Vehicles Home | Español | Driver License | Vehicle Tags & Titles | Florida Highway Patrol | Contact Us | Forms | Office Locations

Chat View Logout **TERRENCE LICENSE**
 DL: L000-000-00-000-0
 Last Logged In: 02/16/2017 04:18 PM

MyDMV Portal > Dashboard

Dashboard Subscriptions Documents My Activity Profile Downloads Renew

Driver License Services

- Administrative Hearing Request
- Citation Inquiry
- Clearance Letter
- Change License to Non-Driver ID
- Driver License Record Request
- Emergency Contact
- Minor Driver License Check
- Renew Driver License
- Renew Identification Card
- Replace Driver License
- Replace Identification Card
- Sanction Inquiry
- Social Security Number Update
- Withdraw Parental Consent

CDL Services

Motor Vehicle Services

Other Services

Useful Links

Dashboard

Broadcast Messages 3

MOVE OVER, FLORIDA!

My Alerts 5

No Emergency Contact Information on file. Would you like to update your Emergency Contact Information? [Click to open Emergency Contact Information Screen.](#)

Our record indicates that you have current Sanctions. [Click to open Sanctions Screen.](#)

Your Social Security Number needs to be updated on our records. Please [update your Social Security Number.](#)

My Addresses [Edit Addresses](#)

Residential	Mailing
	123 TEST DR TALLAHASSEE, FL 32399

Driver License

As of February 17, 2017 at 4:18 PM Driver License number L252-103-83-309-0 is Revoked. This license is a Class A. The expiration date is 08/29/2020.

Restrictions None on Record	Endorsements None on Record
---------------------------------------	---------------------------------------

Your personal information in Florida motor vehicle and driver records is not blocked in accordance with [Driver Privacy Protection Act](#).

You are currently eligible to elect traffic school. You can elect traffic school once in a 12 month period and 5 times in a lifetime. Information regarding Driver School Election can be found at the [DHSMV Home Page - Driver License - Driving Courses](#).

The status of your license is the result of the infractions on your driving record. Please note this is not an official driving record. For information on how to obtain an official driving record, [click here](#).

Motorist Modernization Phase II

- **Motor Vehicle Issuance System**
 - Titles
 - Registrations
 - Inventory
 - Parking Permits
- **MyDMV Portal**
 - Motor Vehicle Functionality
- **Consumer Complaints**
- **Mobile Home Installer**
- **Dealer License**
- **Fleet Management**
- **International Fuel Tax Agreement (IFTA)**
- **International Registration Plan (IRP)**
- **Motorist Database Design**



A SAFER
FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

**THANK
YOU**

Questions?

