

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Tamarac - Commercial Blvd Corridor & Gateway Improvement
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Jared Moskowitz  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

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

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					734,764	734,764

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

The City reserves the right to recover any ascertainable actual damages incurred as a result of the failure of the Contractor to perform, or for losses

6. Requester:

- a. Name: Michael Gresek
- b. Organization: City of Tamarac
- c. Email: michael.gresek@tamarac.org
- d. Phone #: (954)597-3562

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

- a. Name: Michael Gresek
- b. Organization: City of Tamarac
- c. Email: michael.gresek@tamarac.org
- d. Phone #: (954)597-3562

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: alex@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Tamarac
- 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 goal of the project is to provide significant roadway improvements and Gateway enhancements to a major arterial entering the cities of Tamarac and Sunrise. Specifically, this rehabilitation and Gateway treatment is part of the Tamarac Strategic Plan Goal Numbers 4&5 to revitalize our community, preserve our environment, and implement a comprehensive signage program to enhance communications during emergencies and foster a sense of identity throughout the community.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Rehabilitation of approximately two miles of the western-most portion SR870 (Commercial Blvd), including the reconstruction of medians, installation of hardscape (integral-	734,764

	colored concrete), street lighting on the north-side of SR870, landscape (trees,	
TOTAL		734,764

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

(1)Letter of Support: City of Sunrise (2) 2016 Tamarac Biennial Resident & Business Surveys: Appearance of Streets, Medians & Facilities ranked as the 2nd highest city service needing improvement over the next two years; Businesses sited ample access to highways as why they will remain in Tamarac (3)Community

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:

Major Arterial Corridor Study: Creating Identity and Sense of Place - Tamarac (Keith & Schnars, P.A., 2013). The project area is one of four major Gateways within the City of Tamarac and subject of the study. The report was created for Tamarac by this engineering consulting firm to examine the City's Gateway

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

Yes

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

Rehabilitation of approximately two miles of the western-most portion SR870 (Commercial Blvd), including the reconstruction of medians, installation of hardscape (integral-colored concrete), street lighting on the north-side of SR870, landscape (trees, shrubs/ground cover, sod, uplights, irrigation),

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

The project provides for multiple direct services to Tamarac and Broward County residents. These services include the facilitation of Economic Development and the provision of Public Safety and Emergency Information.

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

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

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

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input 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.)	Enhanced major corridor/Gateway to City	Improved transportation score results on Resident and Business Biennial Surveys; Less traffic fatalities - particularly in response to the death of a local veteran visiting the VA Clinic
<input checked="" type="checkbox"/> Improve transportation conditions	Enhanced major corridor/Gateway to City	Improved transportation score results on Resident and Business Biennial Surveys; Less traffic fatalities- particularly in response to the death

		of a local veteran visiting the VA Clinic
<input checked="" type="checkbox"/> Increase or improve economic activity	Retention and expansion of businesses in Tamarac	Biennial Business Survey data; Number of retained and new businesses in Tamarac per year; Tamarac Resident Median Income (US Census: American Community Survey 5-year
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

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

1. Amount Requested from the State in this Appropriations Project Request:	734,764	50.0%	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:	734,764	50.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,469,528</b>	<b>100%</b>	

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

No