Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Sunny Isles Beach Complete Streets Project

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Joseph Geller

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:	А	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No 5a. If yes, which state agency?

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

- 6. Requester:
 - a. Name: Christopher Russo
 - b. Organization: City of Sunny Isles Beach
 - c. Email: crusso@sibfl.net d. Phone #: (786)202-1131
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Kathryn Matos
 - b. Organization: City of Sunny Isles Beach
 - c. Email: <u>kmatos@sibfl.net</u> d. Phone #: (305)792-1811
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Ron Book
 - b. Firm: Ron L. Book, PA
 - c. Email: rana@rlbookpa.com
 - d. Phone #: (305)935-1866
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: City of Sunny Isles Beach
 - b. County (County where funds are to be expended): Miami-Dade
 - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government

0	University or College
0	Other (Please describe

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

Enhancing safety for pedestrians, bicycles and vehicular traffic through the City; improving traffic congestion by creating complete streets with safe routes for non-vehicular traffic, reducing the pedestrian/vehicle conflict that occurs at almost every intersection along Collins Avenue throughout the City (very serious life safety issue for pedestrians), and reducing the response time for emergency vehicles accessing emergency situations.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☑g. Consultants/Contracted Services/Study	Design service for recommended improvements; feasibility study for water taxi stop and service.	50,000
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Construction/installation of bike route signalization, priority signalization for	450,000

	emergency vehicles, adaptive signalization technology, infilling of sidewalk network, ADA improvements, pedestrian bridge at 174th Street and Collins Avenue, and a signalized pedestrian crossing at North Bay Road and 170th Street.	
TOTAL		500,000

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

OFor Profit

ONon Profit 501(c) (3)

⊙Non Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

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

<u>Yes</u>

15a. Please Describe:

The City conducted a resident survey when updating it's Comprehensive Plan and to get feedback to incorporate into the newly created Transportation Master Plan. There was overwhelming support of all the transportation improvements indentified in this request.

- 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:

The City created a Transportation Master Plan based on the data provided by the Corradino Group as to the transportation improvements needed in the City.

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

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit	
☑Improve physical health	By promoting safe pedestrian and bicycle routes the City will provide better alternatives for people to get physical exercise.	Measure bicycle and pedestrian usage of sidewalks and bike lanes.	
□Improve mental health			
□Enrich cultural experience			
□Improve agricultural production/promotion/education			
□Improve quality of education			
□Enhance/preserve/improve environmental or fish and wildlife quality			
☑Protect the general public from harm (environmental, criminal, etc.)	Enhancing pedestrian and bicycle safety, as well as safety for vehicles.	Monitor accident data from Police Department	
☑Improve transportation conditions	Decreasing traffic congestion and creating complete streets for improved multimodal transportation options.	Monitor accident data from Police Department	
☑Increase or improve economic activity	Reducing the need for vehicles in the City allows residents to live and work in the same City without needing a	Monitor changes in pedestrian/bicycle/activity.	

	vehicle to do so.	
☑Increase tourism	Creating a walkable City that tourists know they don't need to rent a car to vacation and recreate.	Monitor booking data rom hotels.
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	500,000	33.6%	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:	989,000	66.4%	Yes
5. Other:	0	0.0%	No
TOTAL	1,489,000	100%	

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