# Appropriations Project Request - Fiscal Year 2017-18

# For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: City of DeFuniak Springs CR 280A Connector Highway
- 2. Date of Submission: <u>02/07/2017</u>
- 3. House Member Sponsor: <u>Brad Drake</u> Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	А	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					4,868,708	4,868,708
Amounts:						

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

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

- 6. Requester:
  - a. Name: Tilman Mears
  - b. Organization: City of DeFuniak Springs
  - c. Email: citymanager@defuniaksprings.net
  - d. Phone #: <u>(850)892-8500</u>

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

- a. Name: Clifford Knauer
- b. Organization: Dewberry | Preble-Rish
- c. Email: cknauer@dewberry.com
- d. Phone #: <u>(850)571-1253</u>
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Kelly Horton
  - b. Firm: Heffley Associates
  - c. Email: Kelly@heffleyassociates.com
  - d. Phone #: (850)251-8400

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

- a. Name: City of DeFuniak Springs
- b. County (County where funds are to be expended): Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Walton
- 10. What type of organization is the entity that will receive the funds? (Select one)

O For Profit

O Non Profit 501(c) (3)

- O Non Profit 501(c) (4)
- ⊙ Local Government

O University or College O Other (Please describe)

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

The CR 280 Connector Highway project would provide a County maintained highway connecting CR 280A directly to US 331. Currently, there is no direct connection to US 331 from CR 280 until Bruce Avenue, which is approximately 5 miles from Healthmark Regional Medical Center. By providing this connector highway, the distance to the hospital from CR 280 will be approximately 2 miles. The connector highway will provide quicker access for the CR 280 community, as well as emergency responders.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Funds will be spent to provide a connector roadway from CR 280A to US 331. This includes planning,	4,868,708

	design and construction.	
TOTAL		4,868,708

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

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

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

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

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

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

<u>Yes</u>

15a. Please Describe:

A special council meeting was held on January 30, 2017 and priority projects were discussed. The public has expressed concerns about having another route for connection to US 331 to improve evacuation and emergency services access to the 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? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens?  $\underline{\text{Yes}}$

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?

O< 25 O25-50 O51-100 O101-200 O201-400 O401-800 ⊙>800

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
Improve physical health	Improved response times for Fire Services located on US-331 to other parts of City and County. Improved evacuation time for residents south of I-10 and east of US-331	Travel time will be significantly reduced by bypassing the route north of I-10 that requires approximately 6 miles to reach Bruce Avenue Neighborhoods
□Improve mental health		

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□Enrich cultural experience			
Improve agricultural production/promotion/education	Farms South of Defuniak would have direct access to US-331 and I-10 for transport of goods and services. Logging routes would no longer run through the center of the City of Defuniak Springs	Improved access and travel time for sale of goods to agricultural community	
□Improve quality of education			
□Enhance/preserve/improve environmental or fish and wildlife quality			
□Protect the general public from harm (environmental, criminal, etc.)			
☑Improve transportation conditions	Connection to US 331 for quicker access to Healthmark Regional Medical Center for the CR 280 community and emergency responders.	Success would be measured by surveying time travel for medical personnel to respond to emergency situations/911.	
☑Increase or improve economic activity	The direct access would improve the Commercial Development in the area	Development of Commercial Zones would be more likely to occur south of Defuniak Springs.	
□Increase tourism			
☑Create specific immediate job opportunities	The construction project would provide immediate job opportunities for the entire area.	The project would require roadway crews, bridge crews, and landscape and irrigation workers to complete the project.	
DEnhance specific individual?s economic self sufficiency			
□Reduce recidivism			

□Reduce substance abuse	
Divert from Criminal/Juvenile justice system	
□Improve wastewater management	
□Improve stormwater management	
□Improve groundwater quality	
□Improve drinking water quality	
□Improve surface water quality	
□Other (Please describe):	

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	4,868,708	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	4,868,708	100%	

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

<u>Yes</u>

20a. How much state funding would be requested after 2017-18 over the next 5 years?

O<1M

⊙1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

⊙2 years

O3 years

O4 years

O>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Oongoing activity ? no total cost

O<1M O1-2M O>2-3M

©>2-3101

O>10M