

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Boynton Beach Town Square Enhanced ADA Pedestrian Crossing
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Joseph Casello
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					75,000	75,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 will forfeit the funds and & repay the State

6. Requester:

- a. Name: Andrew Mack
- b. Organization: City of Boynton Beach
- c. Email: MackA@bbfl.us
- d. Phone #: (561)742-6201

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

- a. Name: Andrew Mack
- b. Organization: City of Boynton Beach
- c. Email: MackA@bbfl.us
- d. Phone #: (561)742-6201

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)532-3232

9. Organization or Name of entity receiving funds:

- a. Name: City of Boynton Beach Public Works Department
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

The City is looking to install enhanced ADA accessible pedestrian crossing which include LED lights, in ground and signage, as well as audible warning devices across Ocean Avenue connecting safe, independent pedestrian circulation as part of the Town Square project. This project will use state of the art accessible pedestrian crosswalk equipment that will promote pedestrian safety with an emphasis on disabled pedestrians.

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	The funds will be used to purchase ADA crossings equipment, design, and installation.	75,000
TOTAL		75,000

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:

The City of Boynton Beach Inclusive Support Team - The Arc of Palm Beach County, Alzheimer's Association Southeast Florida Chapter, aZul For Better Living, Inc., Best Buddies, FAU Center for Autism & Related Disabilities (CARD), Deaf Services at Gulfstream Goodwill Industries, Future 6 (F6) Helping Hands, Gold Coast Down Syndrome Organization, Inc, Jewish Family & Children's Services, Lighthouse for the Blind of the Palm Beaches, ScentsAbility, Career Source, Chariots of Love, CILO, South Tech

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

The funds will be utilized for ADA accessible pedestrian crossing which includes LED lights, in ground and signage, as well as audible warning devices across Ocean Avenue providing safe, independent pedestrian circulation for individuals with disabilities, as part of the Town Square project.

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

Citizens who are Deaf or hard of hearing, blind or visually impaired, or who have mobility limitations, will directly benefit from using the ADA accessible crosswalk to get, to and from, government buildings, cultural venues, commercial businesses, and housing in the City of Boynton Beach's Town Square.

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.)	Providing inclusive, safe, and independent ADA accessible pedestrian crossings along Ocean Avenue in the Heart of the City's Town Square redevelopment project.	Number of incidents involving pedestrians and vehicles at these crossings along Ocean Avenue compared to previous years
<input checked="" type="checkbox"/> Improve transportation conditions	Inclusive, safe, and independent ADA accessible pedestrian crossings along Ocean Avenue in the Heart of the City's Town Square redevelopment project.	Number of incidents involving pedestrians and vehicles at these crossings along Ocean Avenue compared to previous years
<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 2020-21 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:	75,000	75.0%	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:	25,000	25.0%	Yes
5. Other:	0	0.0%	No
TOTAL	100,000	100%	

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

No