

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: CR 30 A Mobility
2. Date of Submission: 11/12/2017
3. House Member Sponsor: Brad Drake
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, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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:

| 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> | 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: | | 1,960,000 | 1,960,000 | | 1,960,000 | 1,960,000 |

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? Yes
 - 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.
Forfeiture of unearned proceeds as described by the DOT guidelines and in Walton County approved contracts with vendors.

6. Requester:

- a. Name: Ceceila Jones
- b. Organization: Walton County Board of County Commissioners
- c. Email: joncecilia@co.walton.fl.us
- d. Phone #: (850)892-4020

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

- a. Name: Cliff Knauer
- b. Organization: Dewberry/Prebble-Rish
- c. Email: Cknauer@Dewberry/Prebble-Rish
- d. Phone #: (407)843-5120

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

- a. Name: Jay Liles
- b. Firm: Andrew J. Liles
- c. Email: jliles@fwfonline.org
- d. Phone #: (850)294-5004

9. Organization or Name of entity receiving funds:

- a. Name: Walton County Board of County Commissioners
- 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)

- 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?

Phase 2 planning, design and execution of a multimodal transit system composed of zero emission, self piloted. autonomous vehicles serving 30 A tourism and workforce riders. Includes Park and Ride options for daily commuters to 30 A from points north including Freeport and DeFuniak Springs in Walton County.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Automated Vehicle shuttles and operating expenses. Service may be a lease or a concessionaire approach to the equipment and the service. | 720,000 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Phase 2 of the project. Phase 1 was the feasibility study to determine the costs and availability of the services (ongoing). Phase 2 is the initial | 1,000,000 |
| Fixed Capital Construction/Major Renovation: | | |

| | | |
|--|---|------------------|
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Provide initial improvements at 3 park and ride locations, including minor infrastructure improvements and gravel parking facilities and an operations center at each of the three sites to provide riders with input and facilities while they wait for the shuttle. | 240,000 |
| TOTAL | | 1,960,000 |

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:

Walton Cty Commission Minutes 2015-16; BP Pot 1 funding approved by BOCC; 30 A Mobility Comm Workshop 2014-15, Reg. MPO support/long range work plan 2016

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:

Atkins Engineering completed engineering study in 2014/2015 for Walton County. It validated the need for transit system in 30A for employment, tourism and reduce traffic congestion. Safety for residents and visitors, pedestrians and bicyclists.

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?

Following successful completion of the Phase 1 ? feasibility study, Phase 2 of the project will be the subject of this request. Phase 1 concluded that multi modal AV assisted transit is feasible. Phase 2 is the initial design of the infrastructure required for successful long-term operations, including Right of Way needs, drainage and roadway improvements.

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

Provide initial improvements at 3 park and ride locations, including minor infrastructure improvements and gravel parking facilities and an ?operations center? at each of the three sites to provider riders with input and facilities while they wait for the shuttle. Where feasible, provide Automated Vehicle shuttles on a limited basis and associated operating expenses. Service may be a lease or a concessionaire approach to the equipment and the service.

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): workforce, transit, tourist

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 checked="" type="checkbox"/> Improve quality of education | Develop a training center in Freeport for Electric Automated Vehicle Operations and Maintenance | Degrees or certifications awarded to students completing the training courses or curriculum |
| <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.) | Reduce bike/pedestrian crashes on 30A in the improvement area | Crashes are reported to the statewide crash database. Crashes will be measured year over year to |

| | | |
|--|--|---|
| | | determine the safety impact on the corridor |
| <input checked="" type="checkbox"/> Improve transportation conditions | Reduction in delay along the corridor and improvement in person throughout. | Floating car studies to measure before/after. |
| <input checked="" type="checkbox"/> Increase or improve economic activity | Increased visitor satisfaction within the corridor. | Measure change of occupancy rates at key facilities in the corridor. |
| <input checked="" type="checkbox"/> Increase tourism | Increase in tourists because of the ease in travel along the corridor. | Measure change of occupancy rates at key facilities in the corridor. |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Operations and maintenance jobs for the EAV services. Physical improvements to the park and ride lots in the corridor. | Count of jobs created directly attributed to the operations of the EAV and the contractors supporting the park and ride lot construction. |
| <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: | 1,960,000 | 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 | 1,960,000 | 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 2018-19 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

1-3M

>3-10M

>10M