



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2012

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Plantation is requesting funds to assist with the costs of adding inclusive playground amenities to various City owned playgrounds located in the City. An inclusive playground amenity provides a sensory-rich environment that enables children to develop physically, socially and emotionally, as well as to interact with children of all abilities. Note: This request differs from previous project request in that it would supply inclusive playground amenities to parks throughout the City.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	450,000
<b>Total State Funds Requested</b>	<b>450,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	51%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	425,000	49%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>875,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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\$37,954.81 from CARES/HHS that was used for COVID testing  
 \$1,341,197.91 in rental assistance funding from CARES/HUD  
 \$2,324,494.15 from CARES via Broward County. Funds were used to defray City costs for PPE, public safety payroll, telework related costs, food distributions, etc.  
 \$13,042,828 from ARPA, used for utility billing assistance, restoring capital cuts, stormwater master plan, and sewer lining.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

01/2025

d. What is the estimated completion date of construction?

06/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Plantation

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Planning, design and installation of inclusive playground amenities at existing City-owned parks in the City.	450,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Special needs children will have access to a multi-sensory play ground and related amenities. In February 2020, the City completed a Parks & Recreation Master Plan ("Plan"). Chapter 3 of the Plan documents the expressed need for an accessible park. Further, accessibility was listed by 51% of participants as amongst the most important park issues. By implementing City-wide, this project will ensure access to more families in the region.

**b. What activities and services will be provided to meet the intended purpose of these funds?**

Instillation of multi-sensory special needs playground amenities. Special needs children will have access to multi-sensory play activities as well as opportunities for socialization.

**c. What direct services will be provided to citizens by the appropriation project?**

Special needs children will have access to multi-sensory play activities as well as opportunities for socialization. Multi-sensory special needs playground amenities.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

The project will provide access to critical spaces for children with special needs and their families within Plantation and surrounding municipalities in Broward County. The City has a population of ~ 93,000 with an unknown population children with special needs. As the City is centrally located in Broward County, the City anticipates a number of families from neighboring municipalities will also use the park facilities.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Number of children and families using the facilities.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

The City's procurement documents and agreements contain penalties for contractors failing to perform

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number