



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1770

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Town currently has a FRDAP grant with DEP for improvements in Town Hall Park in the amount of \$200,000.00. Due to inflation the cost of the proposed improvements in Town Hall Park will significantly exceed the \$200,000.00 included in the FRDAP grant. The Town is requesting an additional \$400,000 to complete the proposed recreational improvements in Town Hall Park. The proposed improvements include the construction of the following new facilities: a Playground, Picnic Facilities, Exercise Trail, Bike Trail, Nature Trail, Nature Overlook, Historical Marker, Restrooms, an Entrance Sign, a Bike Rack, ADA compliant Parking, Storm Drainage, a Drinking Fountain and Security Lighting The requested funding would also be used for engineering design and a property survey.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	400,000
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	400,000	100%

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.**

The Town does not have sufficient funding to complete the proposed project.

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



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

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

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The construction of the new facilities in Town Hall Park will require property surveying, engineering design, bidding, and construction observation services as well as the purchase and installation of the proposed equipment.	400,000
Total State Funds Requested (must equal total from question #6)		400,000

14. Program Performance

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



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Once the construction of the proposed improvements in Town Hall Park are completed, the residents of the Town of Hilliard will have a state of the art outdoor recreation facility they can utilize. The Town Hall Park will serve all of the residents of the Town of Hilliard as the primary location to partake in or watch outdoor recreation.

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

When the project is complete, the Town Hall Park will provide the residents of the Town a first class passive park facility. Town Hall Park, when the project is completed, will provide the premiere venue for passive recreational activities within the community.

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

When the proposed project is complete, Town Hall Park will be the primary facility in the Town of Hilliard for passive recreational activities such as picnicking, and nature walks. The town will encourage all of the town's residents to utilize Town Hall Park when the park is completed.

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

Based upon the 2011-2015 American Census Survey the Town of Hilliard contains 3,010 people, 1,955 of which are low and moderate income. All of whom will be able to utilize the passive recreational facilities in Town Hall Park, when the park improvements are completed. All 3,010 of the town's citizens will benefit from the proposed improvements in Town Hall Park.

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

The expected outcome is to have a local passive park that will serve the entire community. The methodology to determine the success of the Town Hall Park is the number of people who utilize the facilities in the park for their enjoyment and as a vehicle to obtain their physical exercise and mental relaxation goals.

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 Town of Hilliard should have the proposed improvements in Town Hall Park completed within 18 months following the full execution of the contract between the Department of Environmental Protection and the town.

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



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University or College

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