



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2565

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will create an elevated, wooden walking path through the existing 6.15 acres of wet hammock and community center within Kiwanis Park. The creation of a nature trail, which will not disrupt existing native Florida trees or natural vegetation, will serve as a location for nature enthusiasts to experience environmental and wildlife education. The path will be constructed with all- natural materials and the community center will offer additional activity space for senior and youth programming.

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	500,000
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,000,000</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?



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

The City of Coral Springs received CARES Act Funding in the amount of \$5,051,203. These funds were used for administrative expenses, COVID-19 testing and contact tracing, food distribution, housing support, improvement of telework for employees, nursing home assistance, payroll for Public Health and Safety employees, personal protective equipment public health expenses, and small business assistance. FEMA funding was received in the amount of \$275,393 for a City-run COVID-19 vaccination site.

## 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?

1/1/2024

d. What is the estimated completion date of construction?

12/31/2025

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.

The City of Coral Springs owns the property where the nature trail is located.

### 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	Funds will be used to create an elevated, wooden walking path through the existing 6.15 acres of wet hammock within Kiwanis Park and create a community center.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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



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The creation of a nature trail, which will not disrupt existing native Florida trees or natural vegetation, will serve as a location for nature enthusiasts to experience environmental and wildlife education. The community center will provide additional space for senior and youth programming.

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

An elevated, wooden nature trail will be created with all- natural materials through the existing 6.15 acres of wet hammock within Kiwanis Park. This project will not disrupt existing native Florida trees or natural vegetation. A community center will be constructed to provide a space for learning.

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

The creation of a nature trail will serve as a location for nature enthusiasts to experience environmental and wildlife education. The path and will offer additional outdoor activity space for youth and senior programming and activities. The community center will provide a space for youth and senior programming.

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

All 133,000 of Coral Springs residents will be served by this project.

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

The creation of an elevated, wooden walking path through the existing 6.15 acres of wet hammock within Kiwanis Park will benefit the citizens by providing environmental education and outdoor activity space for physical activity. The community center will provide a space for youth and senior programming. Outcomes will be measured by a survey of the visitors to the Nature Trail and community center.

**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?**

Failure to meet deliverables or performance measures could result in forfeiture of funds.

**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**