



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

**1. Title of Project:** Hardee County Special Needs ADA Accessibility Playground Equipment and ADA Restroom Accommodations

**2. Senate Sponsor:** Denise Grimsley

**3. Date of Submission:** 11/09/2017

**4. Project/Program Description:**

Hardee Lakes, Pioneer Parks & the large Agri-Civic Center need equipment to accommodate residents & visitors who are differently abled or have special needs. They desperately need wheel chair platform swings & special needs changing stations. The wheelchair platform swing with permanent frame, provides more recreation & enjoyment to those with special needs. Swing allows users to enjoy the thrill of swinging & receive beneficial vestibular stimulation. The non-skid aluminum platform has lockable aluminum ramps that facilitate easy mounting when down & secure the chair in position when up. Special needs changing stations are needed in the men’s, women’s & family restroom facilities. These changing stations are designed for adults & the physically challenged with an extended length of over 62” and are constructed from heavy-duty type 304 brushed stainless steel & rated to support a static load of 400 lbs. Dual pneumatic gas springs provide easy & safe open/close operation.

**5. State Agency Contacted? Yes**

a. If yes, which state agency? Department of Agriculture and Consumer Services

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

**6. Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	15,803	15,803

**7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

**8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 15,803**

**9. Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Provide ADA equipment and facilities in County owned and operated facilities.

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

Contractual construction services; purchase of ADA equipment

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Contractual Construction Services	15,803
TOTAL		15,803

d. What are the direct services to be provided to citizens by the appropriations project?

Handicapped Facilities

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

Special needs, disabled -- >800

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

Safe, ADA facilities -- Track usage of equipment & attendees

g. 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 in the contract?

Non payment of invoices

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Hardee County is the owners of the facility and the entity.

13. Requestor Contact Information:

- a. Name: Lexton Albritton, Jr.
- b. Organization: Hardee County Board of County Commissioners
- c. Email: Lex.albritton@hardeecounty.net
- d. Phone Number: (863)773-9430

14. Recipient Contact Information:

- a. Organization: Hardee County Board of County Commissioners
- b. County: Hardee
- c. Organization Type:
  - For Profit
  - Non Profit 501(c) (3)



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Lexton Albritton, Jr.

**e. E-mail Address:** Lex.albritton@hardeecounty.net

**f. Phone Number:** (863)773-9430

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Connie Vanassche

**b. Firm:** CAS Governmental Services, LLC

**c. Email:** casgovser@gmail.com

**d. Phone Number:** (561)512-0089