

- 1. Title of Project: Florida Horse Park
- 2. Senate Sponsor: Dennis Baxley
- **3.** Date of Submission: <u>11/29/2017</u>

4. Project/Program Description:

This is the Third Phase of the Florida Horse Park. It will include substantial infrastructure improvements along with improvements to increase the Park's hurricane evacuation preparedness.

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
500,000	4,500,000	5,000,000

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

Туре	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): 5,000,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) $\underline{3}$
- c. What is the most recent fiscal year the project was funded? 2016-17
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? \underline{No}
- e. Complete the following Worksheet.



Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Α	В	С
Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
	(If appropriated in FY A Prior Year	for FY 2017-18(If appropriated in FY 2017-18 enter the appropriated aABPrior YearPrior Year

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

<u>Yes</u>

a. If yes, indicate non-recurring amount per year.

2,000,000

11. Program Performance:

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

<u>Property owned by the Department of Environmental Protection, part of the Florida Greenways, the horse</u> park provides a critical safe place to shelter humans and animals in a state of emergency. Additionally, the park facility is used to support national and international equine events, interscholastic sports (cross country), and education opportunities.

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

<u>Activities and services include, but not limited to, equine competitions and events, youth rodeos, cross</u> <u>country and other athletic events, compost research, historic event (war) re-enactments, car shows, RV shows,</u> <u>and Future Farmers of America events.</u>

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Consultants/Contracted Services/Study		
Operational Costs		
□Salary and Benefits		
☑ Expense/Equipment/Travel/Supplies/Other	Grounds equipment:	500,000
	replacement of audio system is	
	critical for park operations	
	including hurricane	
	evacuations. Additional	
	equipment could include	
	livestock fencing, arena	
	fixtures, and ground	
	maintenance equipment.	
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning	Sewage and water: lack of	4,500,000
Engineering	infrastructure to facilitate	
	current activities and future	
	expansion. Restrooms:	
	currently one permanent	
	bathroom structure serves	
	close to 80,000 park users.	
	Expansion of basic park	
	restroom facilities for the	
	health and wellness of park	
	guests. Classroom	
	space/Administrative offices,	
	Road improvements, signage,	
	traffic control barrier	
TOTAL		5,000,000

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

Recreation, safety, housing and educational services.

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

Students of all ages, general public, competitors, athletes. Approximately 80,000 individuals.



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

<u>The benefits will increase the parks ability to provide a critical safe place to shelter humans and animals in a state of emergency and increase the number of events held at the park, ultimately growing the number of visitors to the park and Florida.</u>

- 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? <u>Failure to meet performance measures or contract deliverables will result in corrective action plans and/or financial penalties. Entity is governed by 570.685 F.S.</u>
- **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.

<u>The property is leased to the Florida Horse Park by the Department of Environmental Protection, part of the Florida</u> <u>Greenways.</u>

13. Requestor Contact Information:

- a. Name: Carol Dover, Chair
- b. Organization: Florida Horse Park
- c. Email: cdover@frla.org
- d. Phone Number: (850)879-2644

14. Recipient Contact Information:

- a. Organization: Florida Horse Park
- b. County: Statewide, Marion
- c. Organization Type:
 - O For Profit
 - ⊙ Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Tenley Shruhs, Assist Exec Dir
- e. E-mail Address: assistdir@flhorsepark.com
- f. Phone Number: (352)307-6699

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

- a. Name: <u>None</u>
- b. Firm: None
- c. Email:
- d. Phone Number: