



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Metal of Honor Park

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

Construct building for park to honor Metal of Honor recipients and educate the public.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Economic Opportunity

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
	1,000,000	1,000,000

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):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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?

Honoring the Metal of Honor recipients and educating the public.

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

Computers will be placed to research any name on the plaques.

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		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Engineering, design and construction	1,000,000
TOTAL		1,000,000

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

Opportunity to learn about Metal of Honor Recipients bravery and sacrifice to the United States.

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

All residents and visitors to Florida.

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

Opportunity to learn about Metal of Honor Recipients bravery and sacrifice to the United States.

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?

Return money to state.

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.

Property is owned by Brevard County and overseen by Veterans Memorial Center, Inc.

13. Requestor Contact Information:

- a. **Name:** George Golden
- b. **Organization:** USA River Rats, Inc
- c. **Email:** santamoh@yahoo.com
- d. **Phone Number:** (321)693-4281

14. Recipient Contact Information:

- a. **Organization:** USA River Rats, Inc
- b. **County:** Brevard
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** George Golden



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e. E-mail Address: santamoh@yahoo.com

f. Phone Number: (321)693-4281

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: