

LFIR # 1740

Senate Sponsor	Ben Albritton					
Date of Request	11/07/2019					
Project/Program Seeking funds to mak	Description e renovations to the William R. Gaines Jr	. Veterans Memorial Park,	which honors the memory of Corporal			
Beirut during the Leba	of Charlotte County who was killed in the nese Civil War. The renovations to the positions for the fields, and a trail system.	•	_			
State Agency to		artment of Economic (Opportunity			
Amount of the No	onrecurring Request for Fiscal	Year 2020-2021				
Type of Fundin	g	Amount				
Operations		000				
Fixed Capital Ou	ıtlav	1 000 000				
- 1		1,000,000				
Total State Fun	•	1,000,000				
Total State Fun	ds Requested et for Fiscal Year 2020-2021 (inc	1,000,000	nds available for this projec			
Total State Fun otal Project Cos Type of Funding	ds Requested et for Fiscal Year 2020-2021 (inc	1,000,000 cluding matching fu	Percentage			
Total State Fun otal Project Cos Type of Funding Total State Fund	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000				
Total State Fundation Type of Funding Total State Fundation Matching Funds	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000 cluding matching fu Amount 1000000	Percentage 25.0 %			
Total State Fundate Fu	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000 cluding matching fu Amount 1000000	Percentage 25.0 %			
Total State Fundation Type of Funding Total State Fundation Matching Funds Federal State (excluding	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000 cluding matching fu Amount 1000000 00	Percentage			
Total State Fundation Type of Funding Total State Fundation Matching Funds Federal State (excluding Local	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000 cluding matching fu Amount 1000000 00 2,050,000	Percentage 25.0 % 0 % 0 % 53 %			
Total State Fundation Total Project Cost Type of Funding Total State Fundation Matching Funds Federal State (excluding Local Other	ds Requested et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	1,000,000 cluding matching fu Amount 1000000 00	Percentage 25.0 % 0 % 0 % 53 % 22 %			
Total State Fundation Total Project Cost Type of Funding Total State Fundation Matching Funds Federal State (excluding Local Other Total Project Cost las this project	ds Requested et for Fiscal Year 2020-2021 (incompared to the second to	1,000,000 cluding matching fu Amount 1000000 00 2,050,000 839,285 3,889,285	Percentage 25.0 % 0 % 0 % 53 % 22 % 100 %			
Total State Fundation Total Project Cost Type of Funding Total State Fundation Matching Funds Federal State (excluding Local Other Total Project Cost las this project	ds Requested et for Fiscal Year 2020-2021 (incomposed for Fiscal Year	1,000,000 cluding matching fu Amount 1000000 00 2,050,000 839,285 3,889,285 ng? Yes • N	Percentage 25.0 % 0 % 0 % 53 % 22 % 100 %			

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Construction and installation of renovations to the veterans' memorial, an observation deck/tower, commemorative markers, a playground and sports fields, and a trail system.	1,000,000
Total State Funds Re	equested (must equal total from question #6)	1,000,000



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1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	The goal of this project is to improve the physical health of the community, increase tourism, and create immediate and specific job opportunities by constructing and equipping an observation deck/tower, commemorative markers, a playground, sports fields, water features, and nature trails in the William R. Gaines Jr. Veterans Memorial Park, an existing 40-acre park in Charlotte County.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Construction and installation of the elements of the park.
C.	What direct services will be provided to citizens by the appropriation project?
	Provide active recreational opportunities at a veterans' memorial park.
d.	Who is the target population served by this project? How many individuals are expected to be served?
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	Residents and visitors of all ages.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Provide active recreational opportunities for all ages, increase tourism, and create specific immediate job opportunities. Outcomes to be measured include the number of visitors annually to the park and the number of jobs created by construction of the park.
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 in the contract?
	Non-payment of invoices.



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Ci	nariotte County Boa	ard of County Commissioners				
Re	equestor Contact	Information				
a.	First Name	Emily	Last Name	Lewis		
b.	Organization	Charlotte County Board of Cou	nty Commissione	ers		
c. E-mail Address Emily.Lewis@charlottecountyfl.gov						
d.	Phone Number	(941)743-1582	Ext.			
Re	ecipient Contact	Information				
a. Organization Charlotte County Board of County Commissioners			ers			
b.	Municipality and	and County Charlotte				
c.	Organization Type					
	○ For-profit E	Entity				
	O Non-Profit 8	t 501(c) (3)				
	O Non-Profit 5	it 501(c) (4)				
	Local Entity	ity				
	University of the control of the	or College				
	Other (plea	se specify)				
d.	First Name	Emily	Last Name	Lewis		
e. E-mail Address Emily.Lew		Emily.Lewis@charlottecountyfl.g	wis@charlottecountyfl.gov			
	Phone Number					
Lo	obbyist Contact I	nformation				
a.	Name	Cari Roth				
b.	Firm Name	Dean Mead				
	E-mail Address	CRoth@deanmead.com				