



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3045

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	370,862
Total State Funds Requested	370,862

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	370,862	95%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	20,000	5%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	390,862	100%

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?

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



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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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

10/1/2023

d. What is the estimated completion date of construction?

6/30/2024

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.

City owned relationship is self.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	0	0
Other Salary and Benefits	0	0
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
Operational Costs: Other		
Salary and Benefits	0	0
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	0	370,862
Total State Funds Requested (must equal total from question #6)		370,862

14. Program Performance

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

Get the public interest in getting in getting out and have fun while getting healthy

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

2 nine hole disc golf courses, one in Heritage and other in Loughridge parks. 14 piece outdoor exercise equipment, adult and at another park exercise equipment for kids 3 merry go rounds to 3 parks. Spinning seat at all 3 parks, 3 expression swings all 3 park these are for handicap and friends. Big triangle shade topper for existing playground at Jerkins perk. Painting Community building exterior at Louthridge park to brighten up area. Paving the driveway and 12th street leading into this park..

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



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n/a

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

Economically disadvantages.

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

Keep adults and kids with positive activities, better health and will monitor with health department.

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?

n/a

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
- 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



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d. Phone Number