



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Sunrise Park Trail System - Charlotte County

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Seeking funding for the construction of a trail system at Sunrise Park that will honor the memory of Corporal William Gaines, a local resident of Charlotte County who was killed in the line of duty in the October 23, 1983, bombing of the Marine barracks in Beirut during the Lebanese Civil War.

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 Transportation

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
	350,000	350,000

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	200,000	30.8%
Other	100,000	15.4%
TOTAL	300,000	46.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 650,000

9. **Previous Year Funding Details:**

- 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.



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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?

The goal of this project is to improve physical health of the community, increase tourism and create immediate and specific job opportunities by constructing a multi-use trail system in Sunrise Park, an existing park in Charlotte County

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

Expansion of public park to provide new multi-use recreational trails and paths.

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of multi-use trail system	350,000
TOTAL		350,000

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

Provide passive recreational opportunities at a veteran's memorial park.

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

Residents and visitors of all ages.

f. 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.

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.

Charlotte County Board of County Commissioners

13. Requestor Contact Information:

- a. **Name:** Emily Lewis
- b. **Organization:** Charlotte County Board of County Commissioners
- c. **Email:** Emily.Lewis@charlottecountyfl.gov
- d. **Phone Number:** (941)743-1582

14. Recipient Contact Information:

- a. **Organization:** Charlotte County Board of County Commissioners
- b. **County:** Charlotte
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Emily Lewis

e. E-mail Address: Emily.Lewis@charlottecountyfl.gov

f. Phone Number: (941)743-1582

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

a. Name: Cari Roth

b. Firm: Dean Mead

c. Email: CRoth@deanmead.com

d. Phone Number: (850)999-4100