



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nassau County Westside Regional Park

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/28/2017

4. **Project/Program Description:**

Nassau County Westside Regional Park

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 Environmental Protection

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
	898,000	898,000

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	224,500	20.0%
Other	0	0.0%
TOTAL	224,500	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,122,500

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?

Development of facilities within the Westside Regional Park to facilitate educational opportunity and recreation amenities.

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

Outdoor recreation

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	New construction of livestock stables, holding pens, infrastructure.	898,000
TOTAL		898,000

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

Outdoor recreation

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

Youth of Northeast Florida Counties including Nassau, Duval, Baker, and Clay. Approximately 2,000 to 3,000 kids.

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

Improved facilities to improve physical and mental health of residents, improved agricultural promotion and education, enriched cultural experience, preservation of forest, natural areas, wildlife and wetlands, spur economic activity through agritourist, creation of local jobs and improved wastewater and storm water management.

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?

Should be addressed on an individual basis pursuant to the circumstances surrounding the particulars of the matter.

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.

Nassau County BOCC is the owner and operator.

13. Requestor Contact Information:

- a. **Name:** Shanea Jones
- b. **Organization:** Nassau County Board of County Commissioners
- c. **Email:** sjones@nassaucountyfl.com
- d. **Phone Number:** (904)530-6010

14. Recipient Contact Information:

- a. **Organization:** Nassau County Board of County Commissioners
- b. **County:** Nassau
- c. **Organization Type:**
 - ☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Shanea Jones

e. E-mail Address: sjones@nassaucountyfl.com

f. Phone Number: (904)530-6010

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

a. Name: Mark Anderson

b. Firm: Mark Anderson Government Consulting

c. Email: Mark@consultanderson.com

d. Phone Number: (850)329-6549