



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Sunrise Park Veterans Memorial - Charlotte County

2. **Senate Sponsor:** Denise Grimsley

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

4. **Project/Program Description:**

Seeking funding to create a Veterans memorial 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. The memorial will include an observation pond and deck and commemorative markers.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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

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
	250,000	250,000

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	100,000	16.7%
Other	250,000	41.7%
TOTAL	350,000	58.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

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.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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 enrich the cultural experience and improve physical health of the community by providing the public with a park to honor veterans at 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?

Construction and installation of veterans memorial, observation deck and commemorative markers

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		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction and installation of veterans memorial, observation deck, and commemorative markers	250,000
TOTAL		250,000

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 the public with a park to honor veterans.

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)
 - Local Entity
 - University or College



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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