1. **Title of Project**: North Miami Beach Snake Creek Canal

2. **Senate Sponsor**: Jason Pizzo

3. **Date of Submission**: 02/01/2019

4. **Project/Program Description**:
   Installation of 14 ADA accessible exercise equipment, shade structure, renovations of 11 pavilions and furnishings such as picnic tables, benches, bike racks and water fountains and doggie stations, to include an upgrade to the fishing pier/kayak launch and renovations of existing restroom facility

5. **State Agency to receive requested funds**: Department of Environmental Protection
   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Capital Outlay</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>200,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>200,000</td>
<td>50.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>200,000</td>
<td>50.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>400,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

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

    | Spending Category Administrative Costs: | Description | Amount |
    |----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | | |
    | Other Salary and Benefits | | |
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Expenses/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Operational Costs:
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning
Engineering

Purchase and installation of all equipment- including plans and permits as needed

Total State Funds Requested (must equal total from question #6)

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Replacement of dated equipment to be replaced with modern ADA accessible equipment.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Recreational, fitness and related activities, including social interaction and opportunities.

c. What are the direct services to be provided to citizens by the appropriations project?
   Recreational and Fitness related. The equipment will provide fitness improvement opportunities to the citizens of North Miami Beach and Miami Dade County.

d. Who is the target population served by this project? How many individuals are expected to be served?
   All populations, including children, school children, youth, adults, seniors and special needs populations will be directly impacted by the project.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Health benefits and park usage will be measured by park participation numbers and surveys. It is expected that park and equipment usage will substantially increase after completion of the project.

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?
   n/a

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.
   The owners of the facility and the entity are one and the same.

13. Requestor Contact Information:
   a. Name: Esmond K. Scott
   b. Organization: City of North Miami Beach
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LFIR#: 1139

14. Recipient Contact Information:
   a. Organization: City of North Miami Beach
   b. County: Miami-Dade
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify) Municipality
   d. Contact Name: Esmond K. Scott
   e. E-mail Address: esmond.scott@citynmb.com
   f. Phone Number: (305)948-2900

15. Lobbyist Contact Information
   a. Name: Ronald L. Book
   b. Firm Name: Ronald L. Book P.A
   c. E-mail Address: rana@rlbookpa.com
   d. Phone Number: (305)935-1866