1. **Title of Project:** William R. Gaines Jr., Veterans Memorial Park Trail

2. **Senate Sponsor:** Ben Albritton

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**
   Seeking funding for the construction of a trail system at a park that will honor the memory of Corporal William Gaines, Jr., 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 to receive requested funds:** Department of Economic Opportunity

   State Agency Contacted? Yes

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>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>250,000</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>250,000</td>
<td>10.87%</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>1,550,000</td>
<td>67.39%</td>
</tr>
<tr>
<td>Other</td>
<td>500,000</td>
<td>21.74%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>2,300,000</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                |             |        |
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 multi-use trail system at the William R. Gaines, Jr., Veterans Memorial Park, an existing park in Charlotte County (formerly known as Sunrise Park).

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   Expansion of a public park to provide new multi-use recreational trails and paths.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Provide active recreational opportunities at a veteran's memorial park.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   Residents and visitors of all ages.

e. **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 the construction of the park.

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?**
   
   Standard contract penalties.

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. **E-mail Address:** 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  
   - Other (Please specify) Local Government  
d. **Contact Name:** Emily Lewis  
e. **E-mail Address:** Emily.Lewis@charlottecountyfl.gov  
f. **Phone Number:** (941)743-1582

15. **Lobbyist Contact Information**  
a. **Name:** Cari Roth  
b. **Firm Name:** Dean Mead  
c. **E-mail Address:** CRoth@deanmead.com  
d. **Phone Number:** (850)999-4100