



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1623

1. **Project Title** Magnonia Park Addie L. Green Park Improvements2. **Senate Sponsor** Bobby Powell3. **Date of Request** 11/18/20194. **Project/Program Description**

To make improvements to the amenities, usage and overall appearance of Addie L. Green Park. The project will fund the installation of new playground equipment, resurfacing of a walking path, construction of a new shelter, and covering of the basketball court. An outmoded park does not offer an acceptable avenue for recreation, leisure, or quality of life services for an already economically disadvantaged population. New additions and improvements in the form of playground equipment, resurfaced walking paths, new shelter, and updated basketball courts will serve as a catalyst for public health. The project aims to increase usage of the park and will utilize daily measurement methodology to track progress.

5. **State Agency to receive requested funds** Department of Environmental ProtectionState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500000	91.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	50,000	9 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	550,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Planning, design, and project oversight.	45,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Installing new playground equipment, benches, shade structure for the basketball court, new picnic tables, construction of a new shelter and repaving of the walking track.	455,000
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

Revamp an aging park facility, which is the town's sole park.

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

Improvements will include playground equipment, picnic shelters and tables, improved walking track, more comfortable conditions for outdoor basketball.

- c. What direct services will be provided to citizens by the appropriation project?

he park will provide an area of recreation for the community.

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

The target population is all segments of the general population. Mangonia Park residents in particular but this will reach tens of thousands.

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

A better used park facility and a more active town. The park will be closely monitored for usage .

- 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?

Return of funding



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LFIR # 1623

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

The Town of Magnolia Park

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.