

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1780

1. Project Title	City of Opa-Lock	ka Parks and R	ecreation				
2. Senate Sponsor	Shevrin Jones						
3. Date of Request	02/03/2021						
4. Project/Program De	escription						
Parks and recreation	n facility improvem	ent.					
5. State Agency to receive requested funds Department of Economic Opportunity							
State Agency contact	cted? No						
6. Amount of the Nonr	ecurring Request	for Fiscal Yea	r 2021-2022				
Type of Funding				Amo	unt		
Operations					100,000		
Fixed Capital Outlay							
Total State Funds R	Requested				100,000		
7. Total Project Cost fo	or Fiscal Year 202	1-2022 (includ	ing matchin	g funds ava	ilable for this proj	ect)	
Type of Funding			Amo	unt	Percentage		
Total State Funds Re	equested (from que	estion #6)		100,000	50%		
Matching Funds							
Federal	Federal			0	0%		
State (excluding the amount of this request)				0	0%		
Local				50,000	25%		
Other				50,000	25%		
Total Project Costs	for Fiscal Year 20	021-2022		200,000	100%		
8. Has this project pre	viously received	state funding?	No				
Fiscal Year	Fiscal Year Amount		Specific		Vetoed		
(уууу-уу)	Recurring	Nonrecurrir	A 10 10 10	priation #			
O la futura fundina lik	aluta ha raguaat	a d O	No				
9. Is future funding lik	•		No				
a. If yes, indicate no	onrecurring amou	ınt per year.					
b. Describe the sou	rce of funding tha	at can be used	in lieu of st	ate funding.			
10. Has the entity requ	uesting this proje	ct received any	y federal ass	sistance rela	ited to the COVID-	19 pandemic?	
Yes							
If yes, indicate the	amount of funds	received and v	vhat the fun	ds were use	d for.		
Operating reimbursoperating - \$41,856.		pay - \$11,164.8	34; remote w	ork - \$13,571	.15; and police		



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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Install fencing to beautify the park facilities as well as add an additional level of security.	100,000			
Total State Funds Requested (must equal total from question #6) 100,000					

12. Program Performance

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

Parks and recreation facility improvement. Install fencing to beautify the park facilities as well as add an additional level of security.

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

This will make the park facilities safer and ensure that the current equipment will not be vandalized.

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

Parks and recreation facility improvements.

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

Residents of the City of Opa-Locka

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

This will make the park facilities safer and ensure that the current equipment will not be vandalized.

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 the contract?

Standard contract penalties will be sufficient.

13. 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.

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14.	Requestor Contact	Informat	ion					
	a. First Name	John		Last Name	Pate			
	b. Organization	City of Opa-Locka						
	c. E-mail Address	jpate@opalockafl.gov						
	d. Phone Number	(305)953-2821 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	City of Opa-Locka						
	b. Municipality and	l County	Miami-Dade					
	c. Organization Type							
	□For Profit Entity							
	□Non Profit 501(c	on Profit 501(c)(3)						
	□Non Profit 501(c	1(c)(4)						
	☑Local Entity	Entity						
	□University or Co	□University or College						
	□Other (please specify)							
	d. First Name	John		Last Name	Pate			
	e. E-mail Address	jpate@opalockafl.gov						
	f. Phone Number	(305)953-2821						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address	s						
	d. Phone Number	er						