

LFIR # 1052

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1. Project Title	Parkland Exotic	Invasive Plant Re	emoval		
	r armara Exerte	aarra	51110 Tal		
2. Senate Sponsor	Tina Polsky				
3. Date of Request	10/13/2021				
4. Project/Program	n Description				
State-owned land border water con	d, and along the Everg servation areas, includ	lades are maintái ling land owned b	of Parkland by ensuring ned at less than 5% exc by the Girl Scouts of SE ort the Everglades resto	otic plant species. Ma Florida. This will sto	anv of these sites
5. State Agency to	receive requested fu	nds Fish a	nd Wildlife Conservation	n Commission	
State Agency co	ontacted? No	for Fiscal Voar	2022-2023		
Type of Funding		TOT I ISCAL TEAL	Amo	uint	
Operations			Aillo	150,000	
Fixed Capital Ou	tlav			130,000	
Total State Fund	•			150,000	
Type of Funding		2-2023 (Includin	g matching funds ava Amount	Percentage	cij
Total State Fund	s Requested (from que	estion #6)	150,000	50%	
Matching Funds	3				
Federal			0	0%	
State (excluding	the amount of this requ	uest)	0	0%	
Local			150,000	50%	
Other			0	0%	
Total Project Co	osts for Fiscal Year 20)22-2023	300,000	100%	
8. Has this project	previously received	state funding?	Yes		
Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
2020-21	necurring 0	100,0		Yes	
2020 21		100,0	2123	103	
9. Is future funding	g likely to be requeste	ed?	No		
a. If yes, indicat	e nonrecurring amou	nt per year.			
b. Describe the	source of funding tha	at can be used i	n lieu of state funding.		
Once a large-so maintenance car	cale clearing of the inva	sive plants is acc ng operating fund	complished, regular upk ls.	eep and	
	requesting this proje	ct received any	federal assistance rela	ted to the COVID-1	9 pandemic?
Yes					



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If yes, indicate the amount of funds received and what the funds were used for.

ARPA State and Local Fiscal Recovery Funds for a Non-Entitlement Unit totaling \$17.1 million have been allocated but not yet received.

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	contract with plant removal specialist to systematically cut, clear, and treat prohibited exotic invasive plant species, including removal and disposal of the debris	150,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	150,000

12. Program Performance

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

This project will help meet the City of Parkland's goal to keep all City parks and preserves at less than 10% invasives.

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

Physical plant identification will be conducted to measure the level of exotics.

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

No direct services will be provided but the existing Parks and Recreation services will be preserved and enhanced.

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

The target population served by this project are the residents of northwest Broward County and Southwest Palm Beach County.

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

This project will stop the spread of these invasive species, allow native plants to thrive, and support the Everglades restoration efforts in our area. Actual physical plant identification will be used to determine the level of exotics in senstive areas.

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?

Funding not released until deliverables are met.



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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.

City of Parkland	



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14.	Requestor Contact	Informat	ion				
	a. First Name	Nancy Last Name Morando					
	b. Organization	City of Parkland					
	c. E-mail Address	nmorando@cityofparkland.org					
	d. Phone Number	(954)753-5040 Ext .					
15.	15. Recipient Contact Information						
	a. Organization	City of Pa	arkland				
	b. Municipality and	l County	Broward				
	c. Organization Type						
	□For Profit Entity	t Entity					
	□Non Profit 501(c	01(c)(3)					
	□Non Profit 501(c	(c)(4)					
	☑Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Nancy		Last Name	Morando		
	e. E-mail Address	nmorando@cityofparkland.org					
	f. Phone Number	(954)753-5040					
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16.	6. Lobbyist Contact Information						
	a. Name	Robert E	. Holroyd				
	b. Firm Name	Tripp Scott PA					
	c. E-mail Address	reh@trippscott.com					
	d. Phone Number	(954)803-0231					