



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1092

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds will be used to add much needed additional access and parking to Chisholm Park. When entering the park visitors will be welcomed by a new gatehouse from where they can either continue down the main spine road directly south, or access the new boat/trailer parking area to the west. The upgraded boat ramp and formalized parking lot enable easy access into and out of the boat ramp while minimizing conflicts between boat ramp users and regular park users, particularly pedestrians.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	320,000
Fixed Capital Outlay	680,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

The City of St. Cloud received \$24,413.85 in HHS Cares Act funds and \$4,390,411.50 in the first tranche of the American Rescue Plan Act. The funds will be used for personal protective equipment, health and safety sanitation equipment and loss of revenue in accordance with the grant agreement guidelines.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Surveying, Design and Engineering of complete Chisholm Park Master Plan	320,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	<ul style="list-style-type: none"><li>• Boat and trailer parking – 17 spots</li><li>• Spine Rd (east side of the playground and pavilions)</li><li>• Spine Rd parking – 114 spots to include handicap spots</li><li>• North Parking lot – 30 spots + 16 boat/trailer spots</li><li>• South parking lot – 32 spots</li><li>• Additional sidewalks to amenities</li><li>• South observation deck boardwalk</li><li>• Street and parking lot lights</li><li>• Crosswalks</li></ul>	680,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

#### 12. Program Performance

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

Funds will be used to add much needed additional access and parking to Chisholm Park. When entering the park visitors will be welcomed by a new gatehouse from where they can either continue down the main spine road directly south, or access the new boat/trailer parking area to the west. The upgraded boat ramp and formalized parking lot enable easy access into and out of the boat ramp while minimizing conflicts between boat ramp users and regular park users, particularly pedestrians.

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

Multi-Use Walking Trails, Picnic Opportunities, Nature-theme Play and Obstacle Course, Native Plant Garden, Observation Tower, Educational Signage, Limited Camping Opportunities, Fishing Pier, Open Beach, Kayak launch, Splash Pad, Dog Park, Restrooms, Disc Golf

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

Additional parking will allow more visitors to enjoy the existing and planned amenities.

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



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Elderly persons, persons with poor mental health, persons with poor physical health, At-risk youth, Developmentally disabled, Preschool students, Grade school students, High school students, University/college students.

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

To Improve physical health and measuring it by self-reporting questionnaires and fitness and weight loss challenges.  
To Improve mental health and measure by tracking daily park attendance.  
To Increase tourism and measuring by a social impact analysis and environmental impact analysis.

**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?**

Remedies for failing to meet deliverables could be a reduction in funding, reimbursement of incurred fees to the appropriate funding department or termination of the contract.

**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 St. Cloud is the owner of Chisholm Park.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number