

1. Project Title Kissimmee- Shingle Creek Regional Trail Security and Protection Project

2. Senate Sponsor Victor Torres

3. Date of Request 11/17/2021

4. Project/Program Description

The City is responsible for more than 10 miles of the 32-mile Shingle Creek Regional Trail. This beautiful ecotourism based asset attracts thousands of visitors to enjoy ecological, historical, and recreational benefits in our county. More than \$7M in improvements were made that have significantly increased the level of bike, pedestrian, and boating activity. This project will provide video surveillance and wireless security technologies to protect bike, pedestrian, and boating visitors on the trail.

5. State Agency to receive requested funds De

Department of Environmental Protection

State Agency contacted? No

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

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 0 |
| Fixed Capital Outlay | 400,000 |
| Total State Funds Requested | 400,000 |

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) | 400,000 | 80% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 100,000 | 20% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2022-2023 | 500,000 | 100% | |

8. Has this project previously received state funding? No

| Fiscal Year | Amo | ount | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |

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?

Yes

No



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

CDBG CV \$429,609 - Rental Assistance ; Eviction/Mortgage Foreclosure prevention CDBG CV Round 2- \$520,499- Emergency Shelter and Services for the homeless ARP Local Government Recovery Funds- Balance 2021-22 budget due to revenue losses experienced due to the pandemic \$6M; Planned Homeless Shelter and Services (over 5 years)/ Affordable Housing \$9M; Economic Development/ Tourism Industry Recover Assistance/ Business Assistance/ Non-profit Assistance \$3M

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/Majo | r Renovation: | | |
| Construction/Renovation/Land/ Planning Engineering | Construction | 400,000 | |
| Total State Funds Requested (must equal total from question #6) | | | |

12. Program Performance

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

Installation of cameras and wireless security equipment along the Shingle Creek Regional Trail to enhance safety and security along the trail.

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

Enhance safety and security for residents and visitors along the public trail system throughout the segment through the deployment of video surveillance and wireless data technologies. This project improves delivery of services and quality of life for more than 74,000 citizens and 1M+ visitors to Central Florida.

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

Increased security for every resident and visitor to the trail system. All will benefit from safety and security enhancements

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

70,000 Residents and millions of visitors who travel to or through Kissimmee each year.

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

The intended outcome is providing safety and security to citizens and visitors using best practices and proven techniques through a comprehensive security network. Crime data and statistics will be used to measure effectiveness of project.

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?

Failure to meet deliverables should result in the requirement for repayment.

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 Kissimmee



LFIR # 1425

14. Requestor Contact Information

| | a. First Name | Desiree | | Last Name | Matthews | | | |
|-----|----------------------------------|---------------------------------|---------------------------|-----------|----------|--|--|--|
| | b. Organization | City of Kissimmee | | | | | | |
| | c. E-mail Address | desiree.matthews@kissimmee.gov | | | | | | |
| | d. Phone Number | (407)518 | (407)518-2300 Ext. | | | | | |
| 15. | Recipient Contact | Informatio | on | | | | | |
| | a. Organization | City of Ki | ssimmee | | | | | |
| | b. Municipality and | l County | Osceola | | | | | |
| | c. Organization Type | | | | | | | |
| | □For Profit Entity | | | | | | | |
| | □Non Profit 501(c)(3) | | | | | | | |
| | □Non Profit 501(c | n Profit 501(c)(4) | | | | | | |
| | ☑Local Entity | | | | | | | |
| | □University or College | | | | | | | |
| | □Other (please specify) | | | | | | | |
| | d. First Name | Desiree | | Last Name | Matthews | | | |
| | e. E-mail Address | Desiree.r | natthews@kissin | nmee.gov | | | | |
| | f. Phone Number | (407)518-2300 | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | | |
| | a. Name | Angela M. Drzewiecki | | | | | | |
| | b. Firm Name | Peebles, Smith & Matthews, Inc. | | | | | | |
| | c. E-mail Address | angela@psmfl.net | | | | | | |
| | d. Phone Number | (850)681-7383 | | | | | | |