

LFIR # 2636

Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lift a. If yes, indicate n	eviously received state funding? Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year. urce of funding that can be used in	No	Vetoed		
Other Total Project Costs 8. Has this project professed Year (уууу-уу) 9. Is future funding life	eviously received state funding? Amount Recurring Nonrecurring kely to be requested?	Specific Appropriation #			
Other Total Project Costs 8. Has this project professed Year (уууу-уу)	eviously received state funding? Amount Recurring Nonrecurring	Specific Appropriation #			
Other Total Project Costs 8. Has this project professed Year	eviously received state funding? Amount	No Specific			
Other Total Project Costs 8. Has this project professed Year	eviously received state funding? Amount	No Specific			
Other Total Project Costs			100%		
Other	s for Fiscal Year 2022-2023	300,000	100%		
			4000/		
		0	0 0%		
Local		0	0%		
	amount of this request)	0	0%		
Federal		0	0%		
Matching Funds	Requested (from question #6)	300,000	100%		
Type of Funding	Loguested (from guesties #C)	Amount	Percentage		
	for Fiscal Year 2022-2023 (including	g matching funds avai		ct)	
Total State Funds			300,000		
Fixed Capital Outlay	/		300,000		
Type of Funding Operations		Amo	unt		
	Toolaring request for Fiscal Teal 2				
State Agency conta	acted? Yes recurring Request for Fiscal Year 2	2022 2022			
		ment of Agriculture and	Consumer Services		
transported through over 30 years. When	Restaurant/Business Center to be use out the state and throughout the cour n the new building was constructed, in the patrons. The current building is in vi	ntry. This restaurant/bus it was intended to be mo	iness center has been eved to the new build	en on the premises for ling to ensure the	
4. Project/Program D	· ·				
3. Date of Request	01/26/2022				
	Tina Polsky				
2. Senate Sponsor					
1. Project Title 2. Senate Sponsor	Pompano State Farmers Market F	Restaurant			



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

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	Final build out of the restaurant/business center including general requirements, masonry, metals, carpentry, finishes, furnishing, mechanical and electrical.	300,000	
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?

To complete the build-out of the restaurant/ business center

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

To complete the build-out of the restaurant/ business center

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

Completion of the Restaurant/Business Center will be utilized by individuals who will ensure the fresh fruits and vegetables are transported throughout the state.

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

All drivers and patrons and workers at the Pompano Farmers markets

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

The build out will allow for drivers to recharge and refuel to help move Florida produce throughout the state and country.

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?

Reversion of funds to the state.

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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The Department of Agriculture and Consumer Services owns the building. DMS Contract No. AG-98008010 to correct "...imminent safety to life hazard..."



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14	14. Requestor Contact Information								
	a. First Name	Edward		Last Name	Myrick				
	b. Organization	South Florida Agricultural Association							
	c. E-mail Address	ed@myrickproduce.com							
	d. Phone Number	(954)946-4991 Ext.							
15	15. Recipient Contact Information								
	a. Organization	Pompano Farmers Market							
	b. Municipality and County Broward								
	c. Organization Type								
	□For Profit Entity								
	□Non Profit 501(d	2)(3)							
	□Non Profit 501(c	c)(4)							
	□Local Entity								
	□University or Co								
	☑Other (please sp	ecify) DA	CS						
	d. First Name	Edward		Last Name	Myrick				
	e. E-mail Address								
	f. Phone Number	(954)946-4991							
16. Lobbyist Contact Information									
	a. Name	Jack Cory							
	b. Firm Name	Public Affairs Consultants							
	c. E-mail Address	jackcory@paconsultants.com							
	d. Phone Number	(850)681-1065							