



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2705

1. Project Title 2. Senate Sponsor 3. Date of Request 

## 4. Project/Program Description

The Town of Lake Park is working on a once-in-a-lifetime redevelopment of its marina (with public access). The town is requesting monies from the state for the design portion of this very important project. These monies would be used to hire architects, engineers, and other professional services to help in the design portion of construction.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>250,000</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?

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



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The town has received some assistance due to the COVID-19 pandemic, in a manner proportionate to its size. The total amount is not known at this time.

#### 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	Consultants will be hired for the architecture, engineering, and other professional services associated with the early stages of a project.	250,000
<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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

#### 12. Program Performance

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

Economic development for a historically undeserved majority minority community.

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

Professional services.

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

Ultimately, this project will increase property values and provide greater and more updated access to the public marina.

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

This project should serve the community at-large with a population of roughly 10,000 people.

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

Timely delivery of professional plans and services.

**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?**

Any and all penalties typically associated with failure to meet deliverables by other municipalities.

#### 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.

No fixed capital outlay being requested.



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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