

LFIR # 2798

1. Project Title	Lake Worth Bea	ich - Aquatic Facil	ty Redevelopment				
2. Senate Sponsor	Lori Berman						
3. Date of Request	02/01/2022						
4. Project/Program De	escription						
residents. Day option programs for children	ns would include p n and adults. Afteri	ublic pool access on noon and evening	that would accommod during the day hours ave hours will be used for the The supporting facility	vailable for various t estaurant, tiki bar, d	ypes of activities and cabana rentals, food and		
5. State Agency to rec	ceive requested fu	unds Depart	ment of Economic Opp	ortunity			
State Agency conta	icted? No						
		for Fiscal Voor	1022 2022				
6. Amount of the Nonr	ecurring Reques	Tiol Fiscal Teal 2			ı		
Type of Funding			Amo				
Operations Fixed Capital Outlay	,			3,000,000			
Total State Funds F			3,000,000				
				- , ,			
7. Total Project Cost f	or Fiscal Year 202	22-2023 (includin	g matching funds ava	ilable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	equested (from que	estion #6)	3,000,000	50%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this req	uest)	0	0%			
Local			3,000,000	50%			
Other	for Final Varia	222 2222	0	0%			
Total Project Costs	s for Fiscal Year 2	022-2023	6,000,000	100%			
8. Has this project pre	eviously received	state funding?	No				
Fiscal Year	Am	ount	Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding lik	cely to be request	ed?	No				
J							
a. If yes, indicate n	_						
b. Describe the sou	rce of funding th	at can be used in	lieu of state funding				
10. Has the entity requ	uestina this proje	ct received any f	ederal assistance rela	ated to the COVID-	19 nandemic?		
	acoming timo proje	ot received any i	odorai assistanoe leid	aca to the OOVID-	io pariacinio:		
No							
If yes, indicate the	amount of funds	received and wh	at the funds were use	d for.			



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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, renovation, and redevelopment of an existing old community public swimming pool into an Aquatic and Recreational Water Facility.	3,000,000			
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?

A new regional economic development attraction.

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

Public recreational facility open and available to the regional population of Palm Beach, Martin, and Broward counties.

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

During the day options will include public pool access during the day hours available for various types of activities and aquatic recreational programs for children and adults. Afternoon and evening hours may be used for restaurant, tiki bar, cabana rentals, beverage service, and/or other commercial type of activities that will attract visitors from the region.

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

Thousands of residents and visitors.

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

Swimming is the fourth most popular sports activity in the United States and a good way to get regular aerobic physical activity. Just two and a half hours per week of aerobic physical activity, such as swimming, bicycling, or running, can decrease the risk of chronic illnesses. This can also lead to improved health for people with diabetes and heart disease. Number of participants that register for the various water aerobics and or swimming related activities.

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?

Return	of	the	func	ls.



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13	The owners of the facility	y to receive, directly	or indirectly, an	ny fixed capital o	outlay funding.	Include the
	relationship between the				, ,	

City of Lake Worth Beach.



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14.	14. Requestor Contact Information							
	a. First Name	Juan						
	b. Organization	City of Lake Worth Beach						
	c. E-mail Address	jruiz@lak	jruiz@lakeworthbeachfl.gov					
	d. Phone Number	(561)586-1630 Ext .						
15.	15. Recipient Contact Information							
	a. Organization	City of La	ke Worth Beach					
	b. Municipality and County Palm Beach							
	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	Juan		Last Name	Ruiz			
	e. E-mail Address	jruiz@lakeworthbeachfl.gov						
	f. Phone Number	(561)586-1630						
16								
10.	16. Lobbyist Contact Information							
	a. Name	Richard Pinsky						
	b. Firm Name	Akerman LLP						
	c. E-mail Address	Richard.Pinsky@akerman.com						
	d. Phone Number	(850)224-9634						