

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1073

1. Project Title	City of Belle Gla	de Structure Demo	lition			
•	•					
2. Senate Sponsor	Lori Berman					
3. Date of Request	11/01/2023					
4. Project/Program De	escription					
vagrants and drug tra hazardous condemn	affic are prominent ed buildings in this	 Funds used to see historically financia 	ek contractual constru ally disadvantaged cor	ction services for de nmunity designated	cial Magistrate, where emolition & clean up of l as a Rural Area of enry and general public.	
5. State Agency to rec	eive requested fu	inds Departm	nent of Commerce			
State Agency conta	cted? No					
• •						
6. Amount of the Nonr	ecurring Request	for Fiscal Year 20	024-2025			
Type of Funding			Amo	unt		
Operations			0			
Fixed Capital Outlay			200,000			
Total State Funds Requested				200,000		
7. Total Project Cost for Type of Funding	or Fiscal Tear 202	4-2025 (including	Amount	Percentage	ect)	
Total State Funds Requested (from question #6)			200,000	100%		
Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)			0	0%		
Local			0	0%		
Other	Other			0%		
Total Project Costs	for Fiscal Year 20	024-2025	200,000	100%		
8. Has this project pre	eviously received	state funding?	No			
Fiscal Year	Amo	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lik	cely to be requeste	ed?	No			
a. If yes, indicate no	onrecurring amou	int per year.				
b. Describe the sou	rce of funding th	at can be used in	lieu of state funding.			
10. Has the entity requ	uesting this proje	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?	
Yes						



11. Status of Construction

Planning

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a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

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200,000

Received \$10,084,186. Used for loss of revenue and public safety services.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start da	te of construction?	7-1-2024		
d. What is the estimated comple	tion date of construction?	12-31-2025		
2. List the owners of the facility t relationship between the owners			outlay funding. Inclu	ude the
The City of Belle Glade is the ov	vner and the entity.			
3. Details on how the requested s	tate funds will be expended			
Spending Category	Description			Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				(
Other Salary and Benefits				(
Expense/Equipment/Travel/Supplies/ Other				C
Consultants/Contracted Services/Study				C
Operational Costs: Other				
Salary and Benefits				C
Expense/Equipment/Travel/Supplies/ Other				С
Consultants/Contracted Services/Study				C
Fixed Capital Construction/Major	or Renovation:			
Construction/Renovation/Land/ Planning Engineering	Contractual Construction ser structures identified and auth			200,000

O N/A

No

14. Program Performance

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

Total State Funds Requested (must equal total from question #6)

Protect the general public by the removal of unsafe hazardous buildings & structures approved by the Magistrate protects the general public from harm.

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

Funds will be used for contractual construction services for demolition of derelict, abandoned unsafe buildings and structures where vagrants and drug traffic are prominent. Removal of these hazardous structures eliminates blight and protects life, health and safety the citizenry.



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

Protection of life, health and safety of citizenry with the removal of hazardous unsafe buildings & structures reducing the vagrants and drug traffic.

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

Target population is the City of Belle Glade, which is a financially disadvantaged municipality (ch. 62-552, F.A.C.) that is located in a Rural Area of Economic Concern/Rural Area of Opportunity (s. 288.0656, Florida Statutes). The number of individuals expected to be served include the visitors, residents and businesses of the City of Belle Glade, which exceeds 17,000.

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

Expected outcome is the elimination of the hazardous unsafe buildings & structures. Certification and completion of the 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?

Non-payment of invoices until milestones achieved; implementation of corrective action plan.

15. Requester Contact Information				
a. First Name	Steve		Last Name	Wilson
b. Organization	City of Belle Glade			
c. E-mail Address	swilson@belleglade-fl.com			
d. Phone Number	(561)996-0100 Ext.			
6. Recipient Contact Information				
a. Organization	City of Belle Glade			
b. Municipality and	b. Municipality and County Palm Beach			
c. Organization Type				
□For Profit Entity	□For Profit Entity			
□Non Profit 501(c	□Non Profit 501(c)(3)			
□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity			
□University or College				
□Other (please specify)				
d. First Name	Diana		Last Name	Hughes
e. E-mail Address	dhughes@belleglade-fl.com			
f. Phone Number	Phone Number (561)996-0100			



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a. Name	Connie Carpenter Vanassche	
b. Firm Name	CAS Governmental Services LLC	
c. E-mail Address	ccvgovser@gmail.com	
d. Phone Number	(561)924-7702	