

1. Project Title

2. Senate Sponsor

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

Hilliard Town Hall Park Project - Phase II

Clay Yarborough

**LFIR # 2027** 

3. Date of Request	12/12/2023				
4. Project/Program D	Description				
community and specific Tree Lighting all of recreation facility proutdoor activities. The park's Pavilion provexercise equipments	ecial events take pla which have 300+ in roviding the Town's The requested appro viding an improved v	ce such as the A attendance each residents with impriation for the prenue for the Towardwalk nature	the home of the Town's annual Town Clean-up, V by year. The proposed proproved facilities and recoroposed project will add wn's special events. Additional and add parking. Wit	eterans Day Cerem bject will improve the reational opportuniti brick columns and t tionally, the project	ony, and Christmas e Town Hall Park les for exercise and bench seating to the will install adult outdoor
5. State Agency to re	eceive requested fu	u <b>nds</b> Depa	rtment of Environmental	Protection	
State Agency cont	•				
6. Amount of the Nor	recurring Request	for Fiscal Year	2024-2025		
Type of Funding			Amo	unt	
Operations				0	
Fixed Capital Outla	у			400,000	
<b>Total State Funds</b>	Requested			400,000	
7. Total Project Cost	for Fiscal Year 202	24-2025 (includi	ng matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds F	Requested (from que	estion #6)	Amount 400,000	Percentage 100%	
Total State Funds F Matching Funds	Requested (from que	estion #6)	400,000	100%	
Total State Funds F Matching Funds Federal			400,000	100%	
Total State Funds F Matching Funds Federal State (excluding the	Requested (from que		400,000 0 0	100% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local			0 0 0	100% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other	e amount of this req	uest)	400,000 0 0 0	100% 0% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other		uest)	0 0 0	100% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other	e amount of this req	uest) 024-2025	400,000 0 0 0	100% 0% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professor of the Project P	e amount of this requests for Fiscal Year 2	uest) 024-2025	400,000  0 0 0 400,000  No Specific	100% 0% 0% 0% 0%	
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Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project Pr	e amount of this requests for Fiscal Year 2 reviously received  Recurring	uest)  024-2025  state funding?  ount  Nonrecurrin	400,000  0 0 0 400,000  A00,000  No Specific Appropriation #	100%  0%  0%  0%  0%  100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project Pr	e amount of this requested as for Fiscal Year 2 reviously received  Amount of this requested Amount of this requested as a second of this requested as a sec	uest)  024-2025  state funding?  ount  Nonrecurrin  ed?	400,000 0 0 0 400,000 No	100%  0%  0%  0%  0%  100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project Pr	e amount of this requests for Fiscal Year 2 reviously received  Recurring	uest)  024-2025  state funding?  ount  Nonrecurrin  ed?	400,000  0 0 0 400,000  A00,000  No Specific Appropriation #	100%  0%  0%  0%  0%  100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project project project project Project Cost  Fiscal Year (yyyy-yy)  9. Is future funding lift a. If yes, indicate in	e amount of this request a specific for Fiscal Year 2 services and the services are also as a service and the services are also as a service and the services are also as a service are also as a serv	uest)  024-2025  state funding?  ount  Nonrecurrin  ed?  unt per year.	400,000  0 0 0 400,000  A00,000  No Specific Appropriation #	100%  0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project project project project Project Cost  Fiscal Year (yyyy-yy)  9. Is future funding lift a. If yes, indicate in	e amount of this request a specific for Fiscal Year 2 services and the services are also as a service and the services are also as a service and the services are also as a service are also as a serv	uest)  024-2025  state funding?  ount  Nonrecurrin  ed?  unt per year.	400,000  0 0 0 400,000  No Specific Appropriation #	100%  0% 0% 0% 100%	

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

The Town of Hilliard received \$1,600,000 in Covid-19 relief funding. The Town will utilize \$1,000,000 of this funding as match for its unrelated sanitary sewer project and will utilize the remaining \$600,000 to pay off water and sewer bonds.

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. S	tatus	of	Con	stru	ction
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a.	what is	the c	urrent	pnase or	the proje	Ct?	

<ul><li>Planning</li></ul>	O Design	<ul><li>Construction</li></ul>	O N/A		
b. Is the project '	'shovel ready" (	(i.e permitted)?		No	
c. What is the es	12/01/2024				
d. What is the es	timated comple	tion date of construc	ction?	06/30/2025	

12. List 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.

The Town of Hilliard owns and maintains the Town Hall Park facility. The requested Appropriation of \$400,000 from the State Legislature represents the project's entire budget.

#### 13. 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	The proposed Appropriation will be utilized for the construction of improvements to Hilliard's Town Hall Park facility using a licensed contractor. Funds from the Appropriation will additionally be used for design, bidding and construction observation/inspection services by a licensed engineer.	400,000
Total State Funds Requested (m	ust equal total from question #6)	400,000

#### 14. Program Performance

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



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To improve the Town Hall Park recreation facility that will enhance exercise and outdoor activities for the Town's residents. The proposed project will add brick columns and bench seating to the park's Pavilion providing an improved venue for the Town's special events. Additionally, the project will install adult outdoor exercise equipment, and expand the boardwalk nature trail and add parking. With these improvements, the quality of life will be enriched for the Town's residents.

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

The proposed Town Hall Park improvements project will include adding brick columns and bench seating to the park's Pavilion adding brick columns and bench seating, installing adult outdoor exercise equipment, constructing a boardwalk nature trail and adding parking for the park.

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

The proposed Town Hall Park Project will enhance the quality of life for the residents of the Town of Hilliard by providing improved park facilities and amenities that provide a venue for healthy outdoor activities, as well as a gathering place where friends and family can meet, picnic, and exercise.

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

Hilliard's Town Hall Park is open to the public and serves all of the Town's 2,976 residents as well as the Town's visitors. With the proposed improvements, the Town anticipates that usage of the park's facilities and amenities will increase.

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

The proposed improvements to the Town Hall Park Project will provide a local setting that entices residents to gather with family and friends, provides children a place to play and experience outdoor activities, and also serves as a community hub for socializing, exercising and disconnecting from electronic devices, work and the stresses of everyday life that impact the physical health and mental well being. The desired outcomes of the proposed park improvements will be to improve residents' physical health through walking the expanded trail and utilizing the new outdoor exercise equipment, and to improve the residents' mental well being.

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?

The Town of Hilliard anticipates that the proposed Town Hall Park Phase II project will be completed in 12 to 18 months. The Town is confident that they will complete the project in a timely manner.

15.	15. Requester Contact Information						
	a. First Name	Lisa		Last Name	Purvis		
	b. Organization	Town of I	Hilliard				
	c. E-mail Address	lpurvis@t	townofhilliard.cor	n			
	d. Phone Number	(904)845	-3555	Ext.			
16.	. Recipient Contact	Information	on				
	a. Organization	Town of I	Hilliard				
	b. Municipality and County Nassau						
c. Organization Type							
	□For Profit Entity						
	□Non Profit 501(c)(3)						



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□Non Profit 501(c	□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity				
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Lisa	Last Name	Purvis		
e. E-mail Address	lpurvis@townofhilliard.com	m			
f. Phone Number	(904)845-3555				
17. Lobbyist Contact I	nformation				
a. Name	None				
b. Firm Name	b. Firm Name				
c. E-mail Address					
d Phone Number					