

1. Project Title

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

Coconut Creek Lakeside Park Improvements - Phase I

LFIR # 2793

| 2. | Senate Sponsor | Tina Polsky | | | | | |
|-------------|---|---|---|---|---|---|--|
| 3. | Date of Request | 01/08/2024 | | | | | |
| 4. | Project/Program D | escription | | | | | |
| | the City's strategic i ensuring accessibili that has been evalu have been recommon multipurpose paved | pals in the City's Parks and nitiative of providing a wide ty to parks, recreational opated through the Master Plended for Phase I including path, irrigation, site furnish oconut Creek, but residents | range of inc portunities, n an and Visio I four pickleb nings, and na | clusive and diverse re natural areas, and par n 2030 Strategic Plar all courts, two half co native butterfly planting | creational and culturally systems. Lakeside processes, and nundert basketball courts s. These improveme | al programming, and Park is a 12 acre park nerous enhancements, a batting cage, a nts will serve not only | |
| 5. | State Agency to re | ceive requested funds | Departme | ent of Environmental | Protection | | |
| | State Agency conta | acted? No | | | | | |
| | | | aal Vaar 20 | 24 2025 | | | |
| b. <i>i</i> | Amount of the Non | recurring Request for Fis | cai Year 20. | 24-2025 - | | | |
| | Type of Funding | | | Amo | unt | | |
| | Operations | | | 1,000,000 | | | |
| 1 | Fixed Capital Outlay | | | | | | |
| | Total State Funds | Requested | | | 1,000,000 | | |
| 7. | Total Project Cost f | for Fiscal Year 2024-2025 | (including I | matching funds ava | ilable for this projec | ct) | |
| | Type of Funding | | | Amount | Percentage | | |
| | | Requested (from question # | 6) | 1,000,000 | 50% | | |
| 1 | Matching Funds | | | | 201 | | |
| | Federal | | | 0 | 0% | | |
| | | e amount of this request) | | 1,000,000 | 0% | | |
| | Local Other | | | 1,000,000 | 50% 0% | | |
| | | s for Fiscal Year 2024-202 | 05 | 2,000,000 | 100% | | |
| l | Total Project Costs | 5 101 F15Ca1 1 eat 2024-202 | 23 | 2,000,000 | 100 /6 | | |
| 8. | Has this project pr | eviously received state for | unding? | No | | | |
| | Fiscal Year (уууу-уу) | Amount Recurring Non | recurring | Specific Appropriation # | Vetoed | | |
| | | | | | | | |
| 9. | Is future funding li | kely to be requested? | | No | | | |
| | a. If yes, indicate n | nonrecurring amount per | year. | | | | |
| | b. Describe the so | urce of funding that can I | oe used in li | eu of state funding. | | | |
| | | | | | | | |
| | | | | | | | |
| 10 | . Has the entity req | uesting this project rece | ived any fed | leral assistance rela | ted to the COVID-19 | 9 pandemic? | |



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| | | |
| | | |

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

The City received American Rescue Plan funds (\$8,597,464) to respond, prepare, and mitigate effects the pandemic had on our community. The funds were used for small business relief programs/technical assistance, food distribution/meal assistance, mental health programming/assistance, assistance to households and communities, revenue loss to sustain government services and retain jobs, job training, equipment to mitigate the spread of COVID, and emergency response service delivery.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project? | | | | | | | |
|--|--|--|--|--|--|--|--|
| Planning | ○ Planning ○ Design ◆ Construction ○ N/A | | | | | | |
| b. Is the project ' | Yes | | | | | | |
| c. What is the es | 01/2024 | | | | | | |

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.

07/01/2025

| City | / ∩f | Coconut | Creek | - same |
|------|-------------|---------|-------|-----------|
| CIL | <i>,</i> Oi | COCOITU | CIEER | - Sallie. |

11. Status of Construction

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

| Spending Category | Description | Amount | | | | |
|---|---|-----------|--|--|--|--|
| Administrative Costs: | 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/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Park improvements include four pickleball courts, two half court basketball courts, a batting cage, a multipurpose paved path, irrigation, site furnishings, and native butterfly plantings | 1,000,000 | | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | | |

14. Program Performance

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



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Lakeside Park is a 12 acre park that has been evaluated through the Master Planning process and numerous enhancements for Phase I have been recommended including four pickleball courts, two half court basketball courts, a batting cage, a multipurpose paved path, irrigation, site furnishings, and native butterfly plantings.

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

Construction of four pickleball courts, two half court basketball courts, a batting cage, a multipurpose paved path, irrigation, site furnishings, and native butterfly plantings..

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

Lakeside Park is a 12 acre park that has been evaluated and numerous enhancements have been recommended for Phase I including four pickleball courts, two half court basketball courts, a batting cage, a multipurpose paved path, irrigation, site furnishings, and native butterfly plantings. In addition to these activities, recreation and cultural activities in this improved park will be provided to the Coconut Creek and surrounding communities.

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

The target population serviced by this project is the City of Coconut Creek (population 58,000) including residents, businesses, and visitors. It will also serve surrounding populations - the City is surrounded by several other cities (Parkland, Coral Springs, Margate, Deerfield Beach, Boca Raton) and their populations will also be served due to their close proximity. Additionally, Lakeside Park is located adjacent to an elementary school and the park is anticipated to serve those students.

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

Completion of the project. Same. Will measure resident satisfaction with quality of life and parks through biennial satisfaction survey.

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?

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding and inability to complete the project this fiscal year.

| 5. Requester Contact Information | | | | | | | |
|----------------------------------|---------------------------------------|-----------------|-----------|--------|--|--|--|
| a. First Name | Bernadette | | Last Name | Hughes | | | |
| b. Organization | City of C | oconut Creek | | | | | |
| c. E-mail Addres | ss bhughes | @coconutcreek.r | net | | | | |
| d. Phone Numbe | Phone Number (954)956-1520 | | | | | | |
| 6. Recipient Conta | ct Informati | on | | | | | |
| a. Organization | a. Organization City of Coconut Creek | | | | | | |
| b. Municipality a | and County | Broward | | | | | |
| c. Organization | Туре | | | | | | |
| □For Profit Entity | | | | | | | |
| □Non Profit 501(c)(3) | | | | | | | |
| □Non Profit 501(c)(4) | | | | | | | |
| ☑Local Entity | | | | | | | |
| | | | | | | | |



d. Phone Number (931)265-8999

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| □University or Co | □University or College | | | | | | |
|------------------------|---|--|--|--|--|--|--|
| □Other (please sp | □Other (please specify) | | | | | | |
| d. First Name | d. First Name Brian Last Name Rosen | | | | | | |
| e. E-mail Address | e. E-mail Address brosen@coconutcreek.net | | | | | | |
| f. Phone Number | (954)545-6614 | | | | | | |
| 17. Lobbyist Contact I | 7. Lobbyist Contact Information | | | | | | |
| a. Name | Lauren A. Jackson | | | | | | |
| b. Firm Name | Ericks Consultants Inc | | | | | | |
| c. E-mail Address | lauren.andyj@gmail.com | | | | | | |