



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3701

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Police Athletic League of Hallandale Beach, Inc. (HBPAL) works with our Hallandale Beach Police Department and the City of Hallandale Beach to provide a safe place for the youth in our community. The youth in our community often lack positive role models or have minimum positive contact with Law Enforcement Officers. HBPAL offers both athletic and mentoring programs to help bridge these gaps and strive to prevent juvenile delinquencies.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	250,000	100%

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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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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	Continue to offer scholarships to offset registration costs. Purchase youth sports safety equipment (helmets, should pads). Supplies for after school mentoring programs. Supplies for Police Explorers training. Support for Cheerleading and other various youth sports. Van for transportation. Support youth Community Special events (Shop with a Cop, Back to School Giveaways).Foster Park PAL Community Center: New library books, Informational Marquee for Community information, updated furniture.	220,000
Consultants/Contracted Services/Study	Tutors for our various after school programs such as our mentoring and youth sports academy which focuses on homework and study hall. Van drivers for transportation between local schools and PAL Foster Park Community Center.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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



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

HBPAL will offer: Tutoring programs through our Sports Academy, Mentoring Program, Work Force Empowerment Programs, Youth Sports such as Football, Cheerleading, Girls Volleyball, track. Specialized holiday camps, Reading programs, Community events such as Shop with a Cop, Back to School Programs and awards programs.

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

In partnership with various Community organizations such as Memorial Hospital, Kiwanis Club of Hallandale Beach, Broward College and the United Way, HBPAL can offer a wide range of programs focusing on education, health and well being.

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

Economically disadvantaged person, at-risk youth, grade school students and high school students. Target population are expected to be serviced 201-400.

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

Improve physical health, enrich cultural experience, improve quality of education, enhance/preserve/improve environmental or fish and wildlife quality, protect the general public from harm (environmental, criminal, etc), improve transportation conditions, and create specific immediate job opportunities. The goal for HBPAL is not to focus success on the field, but to encourage self-confidence, working as a team where applicable and pride in achieving personal best results that is not measured by a medal or award. PAL will collect participant surveys at the conclusion of each sport/activity. Collecting pre and post essays explaining expectations and their actual experiences. Host post-meeting with groups to follow to further educate our participants. Track the number of students that participate in our after school programs and family survey to measure the impact of our families.

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?

Pro-rated return of the funds allocated to program line items not implemented.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number