

**LFIR # 1081** 

State Agency contacted? No	/ Beach ssibility
State Agency contacted? No	
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6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027	
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Type of Funding Amount	
Operating 0	
Fixed Capital Outlay 125,000	
Total State Funds Requested 125,000	
7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)	
Type of Funding Amount Percentage	
Total State Funds Requested (from question #6) 125,000 50%	
Matching Funds	
Federal 0 0%	
State (excluding the amount of this request)  0 0%	
Local 125,000 50%	
Other 0 0%	
Total Project Costs for Fiscal Year 2026-2027 250,000 100%	
8. Has this project previously received state funding?	
If yes, provide the most recent instance:	
Fiscal Year Amount Specific Vetoed	
Fiscal Year Amount Specific Vetoed  (yyyy-yy) Recurring Nonrecurring Appropriation #	
(many and) Appropriation #	
(yyyy-yy) Recurring Nonrecurring Appropriation #	
(уууу-уу) Recurring Nonrecurring Appropriation #	



10. Status of Construction

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	10/01/2027
d. What is the estimated completion date of construction?	08/01/2028
e. What funding stream will be used for ongoing operations a	and maintenance of the project?
County department operating funds.	
<ol> <li>List the owners of the facility to receive, directly or indirectl relationship between the owners of the facility and the entity</li> </ol>	
Palm Beach County Parks and Recreation Department.	

### 12. Details on how the requested state funds will be expended

Spending Category	Category Description	
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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Planning and design consultant services for construction of fully accessible and safe pedestrian beach crossover at Ocean Inlet Park.	125,000
Total State Funds Requested (n	nust equal total from question #6)	125,000

### 13. Program Performance

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

The requested funding will assist with the planning and design of a fully accessible pedestrian beach crossover at Ocean Inlet Park which will attract citizens and visitors of all abilities to this beach. At completion, the much needed public beach access is expected to provide an excellent opportunity for the public to enjoy the mental and physical health benefits of being outdoors and that visiting this beach park provides. Beaches are an economic driver in Florida and making this beach more accessible through this project will benefit our local economy.



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

Planning, design and permitting consultant services will be provided through this funding to meet the intended purpose of these funds. This is a critical step in the planning, design and construction process.

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

The appropriation project will provide for a fully accessible pedestrian beach crossover at Ocean Inlet Park which will serve citizens and visitors of all abilities. This was a high need identified by our community during our parks master planning process. The central location in Palm Beach County is beneficial in many ways for this area of the County to realize economic benefit through visitor spending.

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

Two distinct populations will be served by the project: 1) The general public with and without accessibility needs, strollers, and mobility devices visiting the beach 2) Tourists with and without accessibility needs, strollers, and mobility devices visiting the beach. Over 350,000 beach goers are expected to utilize the accessible beach crossover annually upon completion.

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

The expected outcome of this construction project is improving accessibility and visitation to this outdoor recreation site; improved visitor satisfaction and improved pedestrian safety. This will be measured throughout Placer.ai visitation measurement data collection tool, feedback received by our staff, and evaluation of pedestrian incident report frequency.

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 in the contract?

	U	nused funds will be returned to the state.
14	. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
	a. If	Yes, what phase best describes the project?
		Mitigation (reducing or eliminating potential loss of life or property)
		Response (addressing the immediate and short-term effects of a natural disaster)
		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15	. Ha	s the entity applied for or received federal assistance for this project?
	□ <b>`</b>	es, Applied
	□ <b>`</b>	es, Received
	□ 1	No
	□ 1	No, but intends to apply
	a. If	yes, provide the FEMA project worksheet ID#:



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:		
. Has the entity app	lied for o	r received state	assistance f	or this project (oth	er than this reque	st)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Eme	rgency Bridge Lo	an, Dep
Requester Contact	Informat	ion	7			
a. First Name	Joseph		Last Name	Abruzzo		
b. Organization	Palm Bea	ach County Boar	d of County (	Commissioners		
c. E-mail Address	jabruzzo	@pbc.gov				
d. Phone Number	(561)355	-2738	Ext.			
Recipient Contact a. Organization b. Municipality and	Palm Bea Commissi	ach County Boar ioners	d of County			
c. Organization Ty		I aiiii Deacii				
□ For Profit Entity	y <del>u</del>					
·	\ (o)					
□Non Profit 501(c						
□Non Profit 501(c	:)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Jennifer		Last Name	Cirillo		
e. E-mail Address	jcirillo@p	bc.gov				
f. Phone Number	(561)966	-6613	Ext.			



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.