



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1299

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To ensure all Parkland Park Patrons experience firm, stable, and slip-resistant pathways that meet ADA regulations. This project will renovate hard-surface, nonmotorized trails and necessary accompaniments such as benches, waste receptacles, wayfinding and safety signage, warning tactile strips, and shading landscaping.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	80,000
Total State Funds Requested	80,000

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)	80,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	80,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	160,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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)?

Yes

c. What is the estimated start date of construction?

10/01/2026

d. What is the estimated completion date of construction?

08/31/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

The City uses general fund revenues (primarily ad valorem property taxes) to fund the on-going maintenance of its pathways.

11. 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 City of Parkland owns the pathways and would be the direct recipient of funding.

12. 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		
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	A capital project will be initiated to renovate Parkland's hard-surface, non-motorized trails and provide necessary accompaniments such as benches, waste receptacles, wayfinding, interpretive, and safety signage, warning tactile strips, lighting, and shading landscaping.	80,000
Total State Funds Requested (must equal total from question #6)		80,000

13. Program Performance

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

The primary purpose will be to ensure all Parkland Park Patrons experience firm, stable, and slip-resistant pathways that meet ADA regulations.

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

The project will renovate hard-surface, non-motorized trails and provide necessary accompaniments such as benches, waste receptacles, wayfinding and safety signage, warning tactile strips, and shading landscaping.



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

The City's parks will continue to provide safe pathways.

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

All park patrons will be served, drawing residents from the northwest region of Broward County, expected to exceed 20,000 annually.

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

The City will ensure safe, secure, accessible pathways that will result in a reduction of the number of injuries to park patrons. The number of injury incidents will decrease.

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?

The City of Parkland would draw funds on a reimbursement basis so deliverables can be a condition of receiving funds, negating the need for penalties.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received



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☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

18. Recipient Contact Information

a. Organization
b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
☐ Non Profit 501(c)(3)
☐ 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 Ext.

19. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number



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