

**LFIR # 1669** 

1.	Project Title	Pembroke Park	- Park Road S.	Stormwater Improvemer	nts	
2.	Senate Sponsor	Jason Pizzo				
3.	Date of Request	11/19/2025				
4.	Project/Program De	escription				
	by inadequate storm approximately 700 lir lt will tie into the SW	water infrastructure near feet of improv 25th Street storm n's adopted Storm otecting property, a	e along Park Ro ements including vater improvement water Master Pla and improving ro	ged municipality) seeks f ad South. The project is g ex-filtration trench, cat ents funded by CSLIP at an and will improve com- adway conditions.	shovel ready and co ch basins, curb, and nd SURTAX progran munity safety, health	onsists of I driveway restoration. ns. The project is
		•	ilius Depa	riment of Environmenta	refolection	
,	State Agency conta	cted? No				
6. /	Amount of the Nonr	ecurring Request	for Fiscal Year	2026-2027		
	Type of Funding			Am	ount	
	Operating				0	
	Fixed Capital Outlay				500,000	
	Total State Funds R	Requested			500,000	
	Fatal Brainst Cast f	= 13/ 000				
7.	i otal Project Cost to	or Fiscal Year 202	:6-2027 (includi	ng matching funds ava	ailable for this proj	ect)
7.	Type of Funding	or Fiscal Year 202	6-2027 (includi	ng matching funds ava	Percentage	ect)
	•		·		Percentage	
	Type of Funding		·	Amount	Percentage	
	Type of Funding Total State Funds Re Matching Funds Federal	equested (from que	estion #6)	Amount 500,000	Percentage 97%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 500,000	Percentage 97% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que	estion #6)	Amount 500,000 0 13,000	Percentage 97% 0% 0% 3%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from que amount of this req	estion #6)	Amount 500,000	Percentage 97% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que amount of this req	estion #6)	Amount 500,000 0 13,000	Percentage 97% 0% 0% 3% 0%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requested Year 20	estion #6)  uest)  026-2027  state funding?	Amount 500,000 0 13,000 0	Percentage 97% 0% 0% 3% 0%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instan	estion #6)  uest)  026-2027  state funding?	Amount  500,000  0  13,000  513,000  No  Specific	Percentage 97% 0% 0% 3% 0%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instan	estion #6)  uest)  026-2027  state funding? nce:	Amount 500,000 0 13,000 No Specific	Percentage 97% 0% 0% 3% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instan	estion #6)  uest)  026-2027  state funding? nce:	Amount 500,000 0 13,000 No Specific	Percentage 97% 0% 0% 3% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this requested (from quested (from quested (from quested amount of this requested from Fiscal Year 20 and the contract of the contra	estion #6)  D26-2027  State funding? nce:  Ount  Nonrecurrin	Amount 500,000 0 13,000 No Specific	Percentage 97% 0% 0% 3% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy)	amount of this requested (from quested (from quested (from quested amount of this requested from Fiscal Year 20 and the second instance of the second instance o	estion #6)  uest)  026-2027  state funding? nce:  ount  Nonrecurrin	Amount  500,000  0  13,000  513,000  No  Specific Appropriation #	Percentage 97% 0% 0% 3% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy)  Is future-year funding a. If yes, indicate no	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instantal Amount from Recurring amount from quested from the first from quested from from Fiscal Year 20 eviously received from Fiscal Year 20 eviously received from from Fiscal Year 20 eviously received from from Fiscal Year 20 eviously received from	estion #6)  Destion #6)	Amount	Percentage 97% 0% 0% 3% 0% 100%	
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy)  Is future-year funding a. If yes, indicate no	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instantal Amount from Recurring amount from quested from the first from quested from from Fiscal Year 20 eviously received from Fiscal Year 20 eviously received from from Fiscal Year 20 eviously received from from Fiscal Year 20 eviously received from	estion #6)  Destion #6)	Amount  500,000  0  13,000  513,000  No  Specific Appropriation #	Percentage 97% 0% 0% 3% 0% 100%	



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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 cu	rrent phase of t	he project?		
Planning	O Design		4	
b. Is the project	"shovel ready" (	i.e permitted)?	Yes	
c. What is the es	timated start da	te of construction?	07/2/2026	
d. What is the es	timated comple	tion date of construction?	12/30/2027	
e. What funding	stream will be u	sed for ongoing operations	and maintenance of t	he project?
Local stormwate	er utility/maintena	nce budget		
		o receive, directly or indirectry or the facility and the ent		utlay funding. Include the
Town of Pembr	oke Park is both	the owner and the entity.		

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	N/A	0		
Other Salary and Benefits	N/A	0		
Expense/Equipment/Travel/Supplies/ Other	N/A	0		
Consultants/Contracted Services/Study	N/A	0		
Operational Costs				
Salary and Benefits	N/A	0		
Expense/Equipment/Travel/Supplies/ Other	N/A	0		
Consultants/Contracted Services/Study	N/A	0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Funds will be used for contractual services for professional engineering during construction, project management, construction observation, and construction services for stormwater improvements as designed.	500,000		
Total State Funds Requested (must equal total from question #6)				

#### 13. Program Performance

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

Goal is protection of life, health and safety with resiliency improvements addressing inadequate stormwater infrastructure to mitigate flooding, protect public health, and improve roadway safety and protection of the environment and water resources.

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



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Contractual professional services for the project management, engineering during construction, on-site construction observation and construction of the stormwater drainage system improvements as per the design that includes approximately 700 linear feet of improvements including ex-filtration trench, catch basins, curb, and driveway restoration, which will tie into the SW 25th Street stormwater improvements project this is funded by CSLIP and SURTAX programs.

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

Provides for safer modes of transportation, reduced roadway and property flooding; protects life, health and safety by reducing waterborne disease risk, reduced damage to commercial, residential properties.

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

Target population expected to be served is the State of Florida with improved water quality and stormwater management that protects of citizenry, visitors, residents, businesses, properties, the environment and the surrounding communities.

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

Expected benefit is reduced flooding protecting homes, businesses, and roadways while improving public health by reducing standing water and stormwater pollutants; enhances surface and groundwater quality, safeguards local ecosystems, and ensures safer transportation conditions. These outcomes strengthen economic stability by protecting property values and reducing flood-related disruptions. Benefits will be measured through pre- and post-project pollutant testing (including reductions of TN by 10.32 kg/year and TP by 1.716 kg/year), flood frequency and severity tracking, roadway closure and accident data, and groundwater/surface water sampling. Economic and transportation impacts will be evaluated through changes in property values, reduced insurance claims, and fewer traffic disruptions. Certification of project completion and maintenance reporting will provide additional verification of success.

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?

•	or running to most deniverables of performance medical so provided for in the contract.
	Contractual milestones, corrective action plans, and non-payment of invoices until deliverables are met.
14. Is	s this 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.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	las the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	l No
	No, but intends to apply

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



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b. P	Provide the total project cost listed on the FEMA project worksheet:
16. Ha	s the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. If Cor	yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department nmerce):
Plea	se complete questions 17 through 21 for Water Projects only.
17. Ha	ve you been awarded or applied for alternative state funding for this project?
	l Water Quality Improvement Grant Program
	Resilient Florida Grant Program
	l Wastewater Revolving Loan
	Drinking Water Revolving Loan
	Small Community Wastewater Treatment Grant
✓	Other (please specify, ex. Alternative Water Supply Grants) CSLIP, SURTAX
	l N/A
8. Wh	at is the population economic status?
	Financially Disadvantaged Community (ch. 62-552, F.A.C)
☑	Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
	Rural Area of Economic Concern
	Rural Area of Opportunity (s. 288.0656, Florida Statutes)
Г	l N/A
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	at is the status of construction?



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	ated completion date of co	onstruction?	12/30/2027		
	isa completion date of co	, , , , , , , , , , , , , , , , , , ,	12,00,2021		
22. Requester Contact	t Information	n .			
a. First Name	Geoffrey	Last Name	Jacobs		
b. Organization	Town of Pembroke Park gjacobs@tppfl.gov				
c. E-mail Address					
d. Phone Number	(954)477-1434	Ext.			
23. Recipient Contact	Information				
a. Organization	Town of Pembroke Park				
b. Municipality and	d County Broward				
c. Organization Ty	pe				
□For Profit Entity	-				
•					
□Non Profit 501(d	.c)(3)				
□Non Profit 501(c	c)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Jeff	Last Name	Odoms		
e. E-mail Address	jodoms@tppfl.gov				
f. Phone Number	(954)498-6679	Ext.			
24. Lobbyist Contact I	nformation				
a. Name	Connie Vanassche				
b. Firm Name	CAS Governmental Servi	ces LLC			
c. E-mail Address	ccvgovser@gmail.com				
d. Phone Number	(561)512-0089				

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