

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

**LFIR # 1964** 

1.	Project Title	Resilient Harden	ning of Lake Sho	re Multi-Use Resource C	Center		
2.	Senate Sponsor	Lori Berman					
3.	Date of Request	12/5/2025					
4.	Project/Program Des	scription					
	rec. facility serving ou an outdoor swimming enhancements will sign	ur residents and ne g pool, a venue for gnificantly benefit t ntal threats. These	eighboring comm community even the local populati	and harden the Lake Shunities. This project aim unities. This project aim tts, and educational/exe on while protecting this are crucial to ensure the	s to improve the co rcise building. We b critical municipal as	mplex, which includes elieve these set against storms	
5.	State Agency to reco	eive requested fu	<b>nds</b> Depar	tment of Commerce			
	State Agency contact	cted? Yes					
6	Amount of the Nonre	acurring Reguest	for Fiscal Year	2026-2027			
٠.			101 1 13001 1 001				
	Type of Funding Operating			Amo	Ount		
	Fixed Capital Outlay			2,000,000			
	Total State Funds R	equested		2,000,000			
					_,,,,,,,,		
7	Total Project Cost fo	r Fiscal Voor 202	0.0007 ('			4	
٠.	Total i Toject oost io	or Fiscal Teal 202	6-2027 (includir	ng matching funds ava	ilable for this proj	ect)	
•	Type of Funding	or Fiscal Teal 202	6-2027 (includir	ng matching funds ava  Amount	Percentage	ect)	
•	•		,			ect)	
	Type of Funding		,	Amount	Percentage	ect)	
	Type of Funding Total State Funds Re		,	Amount	Percentage	ect)	
	Type of Funding Total State Funds Re Matching Funds	equested (from que	estion #6)	Amount 2,000,000	Percentage 80%	ect)	
	Type of Funding Total State Funds Re Matching Funds Federal	equested (from que	estion #6)	Amount 2,000,000	Percentage 80%	ect)	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from que	estion #6)	Amount 2,000,000	Percentage 80% 0% 0%	ect)	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from que amount of this requ	estion #6)	Amount 2,000,000 0 0 495,206	Percentage 80% 0% 0% 20%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previle yes, provide the m	equested (from que amount of this requ for Fiscal Year 20 viously received	estion #6)  uest)  026-2027  state funding?	Amount  2,000,000  0  495,206  0  2,495,206  Yes	Percentage  80%  0%  0%  20%  0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previle yes, provide the more series of the series o	equested (from que amount of this requ for Fiscal Year 20 viously received a nost recent instar	pestion #6)  uest)  026-2027  state funding? nce:	Amount 2,000,000  0 495,206 0 2,495,206 Yes  Specific	Percentage  80%  0%  0%  20%  0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project prediction of the model of th	equested (from que amount of this requ for Fiscal Year 20 viously received a nost recent instar Amo	estion #6)  uest)  226-2027  state funding? nce:  ount  Nonrecurring	Amount  2,000,000  0  495,206 0  2,495,206  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project previle yes, provide the more series of the series o	equested (from que amount of this requ for Fiscal Year 20 viously received a nost recent instar	pestion #6)  uest)  026-2027  state funding? nce:	Amount  2,000,000  0  495,206 0  2,495,206  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project prediction of the model of th	for Fiscal Year 20 viously received anost recent instar  Recurring  0  ng likely to be req	estion #6)  Destion #6)	Amount  2,000,000  0  495,206 0  2,495,206  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		



10. Status of Construction

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

a. What is the cu	irrent phase of t	he project?			
Planning	<ul><li>Design</li></ul>	○ Construction ○ N/A	A		
b. Is the project	"shovel ready" (	(i.e permitted)?	Yes		
c. What is the es	stimated start da	te of construction?	10/01/2026		
d. What is the es	stimated comple	tion date of construction?	10/01/2027		
e. What funding	stream will be u	sed for ongoing operations	and maintenance	of the project?	
City fund					
		o receive, directly or indirec rs of the facility and the ent		al outlay funding. Inc	ude the
City of Belle Gl	ade				

#### 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	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	The City's formal request for funding is for the construction of proposed improvements to the Lake Shore Multi-Use Complex. The complex includes an outdoor swimming pool and an existing 1,900-SF building housing essential facilities such as an office, bathrooms, chemical storage, a lifeguard lounge, and pool equipment rooms.	2,000,000
<b>Total State Funds Requested (n</b>	nust equal total from question #6)	2,000,000

#### 13. Program Performance

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



☑ No

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The City of Belle Glade is requesting support for a much needed hardening shelter and community center that helps serve all residents of the Glades. Our objective is to enhance the complex to ensure its continued safety, accessibility, and usability for all patrons. These improvements will significantly benefit the health and well-being of our community by providing a safe and modern recreational environment.

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

The proposed programs are designed to serve a diverse demographic, ranging from youth to senior citizens, and will include after-school and summer programs, water aerobics, swimming lessons, exercise and lap swimming. The facility will also function as a cooling center during periods of high temperatures, benefiting residents of Belle Glade and neighboring communities such as Pahokee, South Bay, Lake Harbor, Clewiston, and Canal Point.

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

The Lake Shore Complex will offer a variety of programs, including after-school and summer programs, water aerobics, swimming lessons, exercise/lap swimming, and cooling-off activities, catering to all ages and community members in the western region of Palm Beach County. As the only facility of its kind in the area, it will be accessible via public transportation to residents of Pahokee, South Bay, and surrounding communities, as well as city residents.

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

Target population is the City of Belle Glade, which is a financially disadvantaged municipality (ch. 62-552, F.A.C.) that's located in a Rural Area of Opportunity (s. 288.0656, Florida Statutes). The number of individuals expected to be served include the visitors (surrounding communities), residents and businesses of the City of Belle Glade, which exceeds 17,000.

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

The proposed facility will offer a cooling center for residents during periods of high temperatures. Additionally, it will provide educational resources such as swimming, water safety, and CPR classes, alongside aerobic activities like water aerobics and lap swimming, catering to all age groups. The number of participants enrolled in programs and events, as well as facility sign-in sheets, will be used to measure the population served.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties

to	or failing to meet deliverables or performance measures provided for in the contract?
	Non-payment of invoices until milestones achieved; implementing of corrective action plan if applicable.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? Yes
a.	If Yes, what phase best describes the project?
$\square$	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):
	Project will mitigate impacts as a result of future environmental hazards and natural disasters uch as hurricanes and flooding.
15. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received



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☐ No, but intends to	o apply			
a. If yes, provide th	e FEMA project workshe	et ID#:		
b. Provide the total	project cost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for or received state	assistance f	for this project (other tha	n this request)?
☑ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
Previous state fund	ding			
47 Doguester Centest	t Information			
17. Requester Contact a. First Name	Zayteck	Last Name	Marin	
b. Organization	City of Belle Glade	Last Hamo	Walli	
_	zmarin@belleglade-fl.com	า		
d. Phone Number	_	Ext.		
18. Recipient Contact				
a. Organization	City of Belle Glade			
	d County Palm Beach			
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(c	c)(3)			
□Non Profit 501(c	c)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Zayteck	Last Name	Marin	



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e. E-mail Address	zmarin@belleglade-fl.com		
f. Phone Number	(561)992-1623	92-1623 Ext.	
19. Lobbyist Contact I	nformation		
a. Name	Sean A. Pittman		
b. Firm Name	Pittman Law Group PL		
c. E-mail Address	sean@pittman-law.com		
d. Phone Number	(850)216-1002		

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