



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** North Pompano Hardscape and Landscape

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 10/23/2017

4. **Project/Program Description:**

Pompano Beach's existing athletic fields are scattered throughout the city, making it increasingly difficult to attract sports enthusiasts, youth and adult sporting tournaments and other outdoor recreation activities. Responding to this challenge, the North Pompano Park project proposes a conversion of two underused baseball fields to house (3) 150'x250' fields and (1) 100'x150' field. This conversion will help create a more connected community with easily-accessible, multi-purpose fields.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	200,000	200,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	200,000	25.0%
State (excluding the amount of this request)	200,000	25.0%
Local	200,000	25.0%
Other	0	0.0%
TOTAL	600,000	75.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 800,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

To Improve access to recreational opportunities for persons of all ages and abilities

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

Sports; tournaments; social interaction

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of fields	200,000
TOTAL		200,000

d. What are the direct services to be provided to citizens by the appropriations project?

Recreational opportunities for low-income, under served youth

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

Low-income youth and families

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

Improve recreational opportunities measured by increased registration

g. 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?

None.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

City of Pompano Beach

13. Requestor Contact Information:

- a. **Name:** Mark Beaudreau
- b. **Organization:** City of Pompano Beach
- c. **Email:** mark.beaudreau@copbfl.com
- d. **Phone Number:** (954)786-4184

14. Recipient Contact Information:

- a. **Organization:** City of Pompano Beach
- b. **County:** Broward
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College



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☒ Other (Please specify) Local Government

d. Contact Name: Mark Beaudreau

e. E-mail Address: mark.beaudreau@copbfl.com

f. Phone Number: (954)786-4184

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Mario Bailey

b. Firm: Becker & Poliakoff

c. Email: MBailey@bplegal.com

d. Phone Number: (850)412-1115