



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hazel Fazzino Phase I

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/16/2017

4. **Project/Program Description:**

Installation of 6 ADA accessible exercise equipment, new safety surfacing, and 3 shade structures

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Agriculture and Consumer Services

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
	50,000	50,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 50,000

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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?

We expect substantial increase in park usage by all populations, including children, adults, seniors and those with special needs.

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

The new equipment and the activities they will provide will increase the available recreational activities for all populations including those with special needs.

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	Purchase and installation of all equipment- including plans and permits as needed	50,000
TOTAL		50,000

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

Recreational, fitness related activities and social interaction

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

All populations, including children, youth, adults, seniors and special needs

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

Health benefits and park usage will be measured by park participation numbers ad surveys

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.

The owners and the entity are one and the same

13. Requestor Contact Information:

- a. **Name:** Ana Garcia
- b. **Organization:** City of North Miami Beach
- c. **Email:** Ana.garcia@citynmb.com
- d. **Phone Number:** (305)948-2900

14. Recipient Contact Information:

- a. **Organization:** City of North Miami Beach
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity



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☐ University or College

☒ Other (Please specify) Municipality

d. Contact Name: Ana Garcia

e. E-mail Address: Ana.garcia@citynmb.com

f. Phone Number: (305)948-2900

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

a. Name: Ronald Book

b. Firm: Ronald L. Book, P.A.

c. Email: rana@rlbookpa.com

d. Phone Number: (305)935-1866