



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2365

1. **Title of Project:** City of Parkland
2. **Senate Sponsor:** Kevin Rader
3. **Date of Submission:** 02/06/2019
4. **Project/Program Description:**

In February 2018, Marjory Stoneman Douglas High School, located in the City of Parkland became the site of the worst high school shooting in US history. Tragically, seventeen lives were taken and an additional seventeen persons were wounded. Prior to the tragedy, the City of Parkland was best known for outstanding schools, public safety, and parks. The tragedy shook our community, along with our neighbors in Coral Springs, to our core. Accordingly, Parkland is seeking assistance for our community as we strive to heal and recover.

5. **State Agency to receive requested funds :** Department of Education

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 150,000          |
| Fixed Capital Outlay               | 3,350,000        |
| <b>Total State Funds Requested</b> | <b>3,500,000</b> |

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percent       |
|--|------------------|---------------|
| Total State Funds Requested (from question #6)       | 3,500,000        | 84.34%        |
| Federal  |                  | 0.00%         |
| State (excluding the amount of this request)         |                  | 0.00%         |
| Local  | 650,000          | 15.66%        |
| Other  |                  | 0.00%         |
| <b>Total Project Costs for Fiscal Year 2019-2020</b> | <b>4,150,000</b> | <b>100.0%</b> |

8. **Has this project previously received state funding?** No

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | NonRecurring |                             |        |
|                          |           |              |                             |        |

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

| Spending Category                          | Description | Amount |
|--|-------------|--------|
| <b>Administrative Costs:</b>               |             |        |
| Executive Director/Project Head Salary and |             |        |



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|  |  |                  |
|--|--|------------------|
| Benefits   |  |                  |
| Other Salary and Benefits  |  |                  |
| Expense/Equipment/Travel/Supplies/Other                                |  |                  |
| Consultants/Contracted Services/Study                                  |  |                  |
| <b>Operational Costs:</b>  |  |                  |
| Salary and Benefits  |  |                  |
| Expense/Equipment/Travel/Supplies/Other                                | Equipment related to physical security improvements i.e. cameras, card readers, etc.   | 150,000          |
| Consultants/Contracted Services/Study                                  |  |                  |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                  |
| Construction/Renovation/Land/Planning Engineering                      | Design services for memorial; architectural design services for gallery (museum); consultant services for design and implementation of security measures; Construction Costs | 3,350,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>3,500,000</b> |

**11. Program Performance:**

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

Funding will provide for preservation of items of historical value; provide a place where community members can remember those lost: provide for safety of residents and employees alike when utilizing parks and other city facilities.

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

Design and construction of both a memorial and gallery in remembrance; assist in making city parks and facilities safe for use by the public and for city employees; assist in defraying unanticipated costs related to providing security during the 2018 school year for Marjory Stoneman Douglas.

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

The projects requested will ensure that the historical artifacts from the MSD tragedy are preserved, provide a place that residents and families can remember those killed as well as enhance city facility and parks safety for all users.

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

Projects will primarily benefit Parkland residents and the larger MSD community (roughly half of the students at MSD are Coral Springs residents). All projects will be open to the public.

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

The gallery and memorial will enhance community healing and mental health by providing a place for residents and the public to remember the tragedy and those who were killed. City facility and parks safety projects will benefit all facility users by ensuring their safety. In both instances the measure will be the number of users.

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



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#### **penalties for failing to meet deliverables or performance measures provided for in the contract?**

There are no suggested penalties.

#### **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 City will be the facility owner.

#### **13. Requestor Contact Information:**

- a. **Name:** Carole Morris
- b. **Organization:** City of Parkland
- c. **E-mail Address:** cmorris@cityofparkland.org
- d. **Phone Number:** (954)757-4114

#### **14. Recipient Contact Information:**

- a. **Organization:** City of Parkland
- b. **County:** Broward
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) Municipal Government
- d. **Contact Name:** Carole Morris
- e. **E-mail Address:** cmorris@cityofparkland.org
- f. **Phone Number:** (954)757-4114

#### **15. Lobbyist Contact Information**

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**