

LFIR # 1256

enate Spensor						
Senate Sponsor	Oscar Braynon					
ate of Request	10/16/2019					
roject/Program	m Description					
Community Garden F	ADA compliant walkway & installation of bod Forest that has been designated as a & health for students, tourists, residents 52, F.A.C.).	a "Food Desert", to enhanc	e the Agro-Eco educational program			
State Agency to	receive requested funds Depa	artment of Agriculture	and Consumer Services			
State Agency con	acted? O Yes No					
	onrecurring Request for Fiscal		I			
Type of Fundin	g	Amount				
Operations		000				
Fixed Capital Ou	ıtlay	100,000				
Total State Fun	ds Requested	100,000				
	et for Fiscal Year 2020-2021 (inc					
Type of Funding		Amount	Percentage			
	s Requested (from question #6)	100000	83.0 %			
Matching Funds Federal		00	0 %			
	the amount of this request)	00	0 %			
Local	the amount of the requesty	20,000	17 %			
Other		00	0 %			
	osts for Fiscal Year 2020-2021	120,000	100 %			
Total Project Co			de .			
as this project	previously received state fundi most recent instance:	ng? ⊝Yes ● !	NO			
las this project yes, provide the Fiscal Year	most recent instance:	Spec	eific			
las this project	most recent instance:	Spec				



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project		
Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
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Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construct	tion/Major Renovation:	
Construction/Renovation/ Land/Planning	contractual design & construction services	100,000
Engineering		
Total State Funds Re	quested (must equal total from question #6)	100,000



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11. Program Performand	e:
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11.	Program Performance			
	a. What specific purpose or goal will be achieved by the funds requested?			
	Provide safe, ADA compliant walkway with appropriate security safety lighting through the fruit tree orchard located within the Community Garden Food Forest, which is designated as a Food Desert area.			
h	What activities and services will be provided to meet the intended purpose of these funds?			
D.				
	Contractual engineering design & construction of ADA compliant walkway & security safety lighting in the fruit tree orchard located within the Community Garden Food Forest.			
C.	What direct services will be provided to citizens by the appropriation project?			
	Improved life, health & public safety for citizenry, visitors, students, etc., participating in the Agro Eco educational programs held at the Town's Community Garden facilities in this financially disadvantaged municipality.			
d.	Who is the target population served by this project? How many individuals are expected to be served?			
	Target population residents, visitors, citizenry, students, youth groups, general public, etc., locally as well as in the surrounding areas; Greater than 20,000 are expected to be served.			
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?			
	Improved life, health & safety for general public. Provides for safe passage through the Town's fruit tree orchard located within the Community Garden Food Forest; meeting ADA compliance & permitting agencies regulations. Reduction of accidents, monitoring of traffic using the facilities & surveys from citizenry.			
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?			
	implementation of a corrective action plan; non payment of invoices until milestones are achieved			



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ΙO	wn of Pembroke Pa	rk is the owner and the entity		
Re	equestor Contact	t Information		
a.	First Name	Todd	Last Name	Larson
b.	Organization	Town of Pembroke Park		
C.	E-mail Address	tlarson@townofpembrokepark.com	ı	
d.	Phone Number	(954)966-4600	Ext.	
Re	Recipient Contact Information			
a.	Organization	Town of Pembroke Park		
b.	Municipality and	County Broward		
c.	Organization Typ	ре		
	For-profit E	ntity		
	Non-Profit	501(c) (3)		
	O Non-Profit	501(c) (4)		
	Local Entity	•		
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Todd	Last Name	Larson
e.	E-mail Address	tlarson@townofpembrokepark.com		
	Phone Number			
Lo	obbyist Contact I	nformation		
a.	Name	Connie Vanassche		
b.	Firm Name	CAS Governmental Services LLC		
c.	E-mail Address	ccvgovser@gmail.com		
٦	Phone Number		Ext.	