



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3534

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to retrofit and upgrade the sports lighting at Bucky Dent Park. The lighting improvements will provide about a 50% cost savings in reduced electricity consumption, while simultaneously improving lighting conditions thereby improving public safety and promoting park usage during dark hours.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	960,000
<b>Total State Funds Requested</b>	<b>960,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	960,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	240,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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The City received \$66 million in American Rescue Plan funds that were used to defray the costs of first responder salaries for COVID response efforts, to recover lost revenue as a result of COVID, as well as to fund various infrastructure improvements throughout the City.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning
  Design
  Construction
  N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

08/01/2024

d. What is the estimated completion date of construction?

12/31/2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The requester, the City of Hialeah, owns all of the subject facilities.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The funds will be used to retrofit and upgrade the sports lighting at the athletic court located throughout the city's parks. The total project cost is \$1,200,000 and the city will contribute \$240,000 which represents 20% of the total project cost.	960,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>960,000</b>

### 14. Program Performance

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

The lighting improvements will provide about a 50% cost savings in reduced electricity consumption, while simultaneously improving lighting conditions thereby improving public safety and promoting park usage during dark hours.

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



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The funds will be used to retrofit and upgrade the sports lighting at the athletic courts located throughout the city's parks.

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

The project will not provide a direct service.

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

The project will benefit the general population.

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

The LED lighting improvements will promote park usage and mobility, thus improving the physical health of park-goers. The benefit could be measured by comparing the usage of park spaces after sunset today to the usage rates after the LED lighting is installed. The LED lighting improvements will promote park usage and mobility, thus improving the mental health of park-goers. The benefit could be measured by comparing the usage of park spaces after sunset today to the usage rates after the LED lighting is installed. The LED lighting improvements will act as a deterrent to crime by providing for more visibility. The added safety could be measured by comparing the area's crime statistics after the improvements are installed to the statistics today. The lighting improvements will provide about a 50% cost savings in reduced electricity consumption. The benefit could be measured by comparing the electricity consumption today with the rates after the improvements are installed.

**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 the contract?**

The City of Hialeah is willing to be bound by the standard penalties for breach of contract in the state of Florida. Furthermore, the City is willing to contemplate additional penalties the Department may propose.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number