



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1034

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Demolition of the existing town hall building to create a new Wellness Center for the Town of Golden Beach. The ground floor of the new building will be at an elevation of +9.0 NAVD. In order to achieve this, the existing site requires comprehensive storm water planning and implementation of new drainage plans to ensure the site is free of flood water. This includes the installation of retaining walls and fill alongside a robust drainage plan that connects to our existing outfall. The new building will include a 6,000 Sq. Ft. fitness center, and approximately 3,000 Sq. Ft. of community spaces. These spaces include areas for community engagement, group training studio for aerobics, yoga and meditation. The wellness center is intended to encompass programs that promote physical and mental health for elderly, disabled and youth.

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	850,000
Total State Funds Requested	850,000

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)	850,000	21%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,150,000	79%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	4,000,000	100%

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



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

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Manager	50,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	KEITH Civil Engineering & Martin Architectural Group Land Planners	250,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	As part of new municipal center the Park and wellness center is intended to encompass programs that promote physical and mental health for elderly and disabled. Construction and the installation of retaining walls, grading and fill alongside a robust drainage structures that connects to our existing outfall, as a way manage the stormwater and tidal flooding	550,000
Total State Funds Requested (must equal total from question #6)		850,000

14. Program Performance

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



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By elevating the site, we can ensure the sustainability of the facility. Increased storms, tidal influence, flooding during King Tide have placed enormous strain on the gravity storm and well system that supports the park and new municipal wellness center. To manage the stormwater and tidal flooding we will build retaining walls, grading and fill a robust drainage system connected to the outfall. This will ensure sustainability and a space where we can not only promote the physical health but, mental health as well for elderly and disabled.

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

By elevating the site, we can ensure safety and the longevity of the facility. This will ultimately support the facilities, which will provide fitness consultations and studio areas to hold classes for yoga, dance and meditation for the elderly and disabled in addition to community/youth activities planned throughout the year. .

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

This needed infrastructure will ensure a safe and sustainable space for the park and wellness center to provide fitness classes, workout consultations and Community engagement to provide physical and mental health to the elderly, disabled and youth and create relationships among residents.

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

Residents of the Town of Golden Beach. Approximately 1,500 individuals.

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

To provide longevity of our new facility, and ensure improvement to the physical and mental health of our residents. Thus, creating a community with the immunity required to sustain a healthy lifestyle.

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?

Repayment of State Funds

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



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Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

Please complete the questions below for Water Projects only.

18. Have you applied for alternative state funding?

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify)
- N/A

19. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- N/A

20. What is the status of construction?

21. What percentage of the construction has been completed?

22. What is the estimated completion date of construction?