



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Belle Glade Multi Purpose Community Center

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 12/18/2017

4. **Project/Program Description:**

To design & construct a multi-purpose community center for young children, youth, teens to senior adults in a fiscally disadvantaged community that is located in a Rural Area of Economic Opportunity. Center to include outdoor sports facilities for baseball, basketball, track & field, soccer; indoor facilities to include day care, activity rooms for band/music, fitness/gym, interactive games, exercise programs, educational programs/events, tutoring, civic meetings, etc., & indoor swimming pool. Promotes employment of 20 FTE, improves life, health & education, enriches cultural experiences, protects the public from harm, reduces crime & gang activity.

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 Economic Opportunity

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
	26,431,340	26,431,340

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):** 26,431,340

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)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- 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.

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?

Purpose or goal that will be achieved is to design, permit, bid and construct a multi purpose community center and sports facility. Center will include structured sports programs (i.e., baseball, basketball, soccer, track & field, swimming, etc.) & tournaments, educational programs/events, tutoring, physical fitness classes, senior activities, arts/crafts programs/events, day care, etc. Structured programs allow area residents to enrich their cultural experiences, enhance education, improve mental & physical health. Project is a job creator with 20 FTE. Anticipated to reduce crime and gang activity.

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

Activities and services provided from this funding include, contractual services for preliminary architectural/engineering, final design, and permitting, bidding, construction project management, engineering during construction and construction services of the community center & sports facility as designed.

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		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Contractual Architectural/Engineering & Construction	26,431,340
TOTAL		26,431,340

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

Direct services are to provide a facility where residents & visitors can come to that offers structured educational activities/programs, tutoring, health/fitness events/programs, a place to have civic meetings, day care, senior citizen activities, a variety of athletic programs/events for the youth, teens, & adults, etc. A place to have organized sports tournaments, swim meets, etc.

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

The number of individuals expected to be served includes the entire Glades region - 40,000.

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

Expected program benefit or outcome is improved life, health and safety. Increased employment by 20 FTE; reduced unemployment. Improved cultural experience & mental & physical health. Reduction of drug use/crime & gang related activity by providing structured programs for the residents & visitors in the Glades area.

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?

Non payment of invoices.

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.

City of Belle Glade, the entity, will own the facility.

13. Requestor Contact Information:

a. Name: Llomax Harrelle



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- b. **Organization:** City of Belle Glade
- c. **Email:** lharrelle@bellegladel.com; bscott@belleglade-fl.com
- d. **Phone Number:** (561)992-1601

14. Recipient Contact Information:

- a. **Organization:** City of Belle Glade
- b. **County:** Palm Beach
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Llomax Harrelle
- e. **E-mail Address:** lharrelle@bellegladel.com; bscott@belleglade-fl.com
- f. **Phone Number:** (561)992-1601

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

- a. **Name:** Connie Vanassche
- b. **Firm:** CAS Governmental Services LLC
- c. **Email:** casgovser@gmail.com
- d. **Phone Number:** (561)512-0089