



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1139

**1. Title of Project:** North Miami Beach Snake Creek Canal

**2. Senate Sponsor:** Jason Pizzo

**3. Date of Submission:** 02/01/2019

**4. Project/Program Description:**

Installation of 14 ADA accessible exercise equipment, shade structure, renovations of 11 pavilions and furnishings such as picnic tables, benches, bike racks and water fountains and doggie stations, to include an upgrade to the fishing pier/kayak launch and renovations of existing restroom facility

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

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	200,000
<b>Total State Funds Requested</b>	<b>200,000</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)	200,000	50.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	200,000	50.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>400,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific 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 Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchase and installation of all equipment- including plans and permits as needed	200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**11. Program Performance:**

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**  
Replacement of dated equipment to be replaced with modern ADA accessible equipment.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**  
Recreational, fitness and related activities, including social interaction and opportunities.
- c. **What are the direct services to be provided to citizens by the appropriations project?**  
Recreational and Fitness related. The equipment will provide fitness improvement opportunities to the citizens of North Miami Beach and Miami Dade County.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**  
All populations, including children, school children, youth, adults, seniors and special needs populations will be directly impacted by the project.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**  
Health benefits and park usage will be measured by park participation numbers and surveys. It is expected that park and equipment usage will substantially increase after completion of the project.
- 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?**  
n/a

**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 owners of the facility and the entity are one and the same.

**13. Requestor Contact Information:**

- a. **Name:** Esmond K. Scott
- b. **Organization:** City of North Miami Beach



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c. **E-mail Address:** esmond.scott@citynmb.com

d. **Phone Number:** (305)948-2900

#### 14. Recipient Contact Information:

a. **Organization:** City of North Miami Beach

b. **County:** Miami-Dade

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) Municipality

d. **Contact Name:** Esmond K. Scott

e. **E-mail Address:** esmond.scott@citynmb.com

f. **Phone Number:** (305)948-2900

#### 15. Lobbyist Contact Information

a. **Name:** Ronald L. Book

b. **Firm Name:** Ronald L. Book P.A

c. **E-mail Address:** rana@rlbookpa.com

d. **Phone Number:** (305)935-1866