



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2058

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

4. **Project/Program Description**
- The Veterans' Boardwalk will provide a multi-purpose paved/boardwalk path system connecting the James A. Haley Veterans' Hospital to the current University Mall property. This path system will serve as a recreational facility to workers and residents in the community who lack safe outdoor recreation alternatives, and a practical travel route for patients and staff from the VA hospital to connect with much-needed research laboratory, medical office, and educational space that is planned for the redeveloping mall property. The concept includes an 8-foot pedestrian path and 20-foot shuttle path that may accommodate transport vans. The concept includes workout/exercise equipment, aesthetic landscaping, and seating areas bordered by single-family homes on one side and a natural lake on the other. The lake is currently shrouded from view with overgrown shrubbery and this project will make it accessible as a scenic asset to the community.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80px;" type="text" value=""/> 000
Fixed Capital Outlay	<input style="width: 80px;" type="text" value=""/> 2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80px;" type="text" value=""/> 2,000,000	<input style="width: 40px;" type="text" value=""/> 83.0 %
<b>Matching Funds</b>		
Federal	<input style="width: 80px;" type="text" value=""/> 00	<input style="width: 40px;" type="text" value=""/> 0 %
State (excluding the amount of this request)	<input style="width: 80px;" type="text" value=""/> 00	<input style="width: 40px;" type="text" value=""/> 0 %
Local	<input style="width: 80px;" type="text" value=""/> 00	<input style="width: 40px;" type="text" value=""/> 0 %
Other	<input style="width: 80px;" type="text" value=""/> 400,000	<input style="width: 40px;" type="text" value=""/> 17 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,400,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No

If yes, indicate nonrecurring amount per year.



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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		<input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design and construction	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text" value="2,000,000"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>



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## 11. Program Performance

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

Building a multi-purpose trail providing a connection between the VA hospital and future mixed-use commercial office/research lab/residential/retail development

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

Design, planning, and engineering for the trail and associated recreational facilities

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

Citizens will have access to a safe outdoor recreational facility that will also serve as a practical route for patients and staff from the connected VA hospital and other nearby medical and research facilities (Moffitt Cancer Center, Johns Hopkins All Children's Hospital, AdventHealth Tampa Hospital, Shriners' Hospital, University of South Florida, and USF Research Park)

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

Neighborhood residents, workers, students, and hospital patients and their families

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

Ribbon-cutting event celebrating the opening of the trail by June 30, 2021

- 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?

Repay the funds appropriated.



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12. **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.**

Hillsborough County. Proposed trail route lies on county property with trail heads on mall property and VA hospital property.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.