



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1296

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

4. Project/Program Description

The Town of Mangonia Park has one park, which is the Addie L. Greene Town Park, which was built in the mid-1990s. Since the opening of the park, very few repairs have been made and the park is in need of structural repairs. The park is aging and does not provide adequate recreation services to the community. The project will fund the installation of new playground equipment, resurfacing of a walking path, construction of a new shelter, and veering of the basketball court. An outmoded park does not offer an acceptable avenue for recreation, leisure, or quality of life services for an already economically disadvantaged population. New additions and improvements in the form of playground equipment, resurfaced walking paths, new shelter, and updated basketball courts will serve as a catalyst for public health.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	90%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	54,000	10%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	554,000	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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Used to conduct engineering, design, legal consultations, surveying for project.	50,000
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	implementing building and construction of project	450,000
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

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

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

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

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

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?



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13. 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.

Local government.
The Town of Mangonia Park owns the facility/park.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number