



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1621

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Completion of the restaurant/business center to be used by individuals who ensure that fresh fruits and vegetables are transported throughout the state and country. This restaurant/business center has been on the premises for over 30 years. When the new building was constructed, the restaurant/business center was intended to be moved to the new building to ensure the safety of drivers and patrons. The current building is in violation of local health and wellness codes.

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	300,000
<b>Total State Funds Requested</b>	<b>300,000</b>

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)	300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>300,000</b>	<b>100%</b>

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.

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Final build out of the restaurant/business center including general requirements, masonry, metals, carpentry, finishes, furnishing, mechanical and electrical.	300,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

#### 12. Program Performance

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

To complete the build-out of the restaurant/ business center

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

To complete the build-out of the restaurant/ business center

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

None

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

All drivers and patrons and workers at the Pompano Farmers markets

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

The build out will allow for drivers to recharge and refuel to help move Florida produce throughout the state and country.

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?

n/a

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.



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The owner of the facility is the Department of Agriculture and Consumer Services.



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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) DACS

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