



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1358

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Belle Glade is requesting support for a new recreational facility and indoor swimming pool located adjacent to the Lakeshore Civic Center. This facility will be the focal point for revitalization of the city's downtown area and will have a regional impact throughout the entire Glades area. The Lakeshore Civic and Resource Center and adjoining Louis D. Butts Jr. Park are located near the center of the city and have been providing services to the residents of the city and the surrounding area. The complex is also adjacent to the area designated for redevelopment under the city's Community Redevelopment Agency.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 0 |
| Fixed Capital Outlay | 5,000,000 |
| Total State Funds Requested | 5,000,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|-------------------|-------------|
| Total State Funds Requested (from question #6) | 5,000,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 5,000,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 10,000,000 | 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.

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.

Total \$5,042,093 received:
 - \$300,000 vaccination services
 - \$800,000 community revitalization
 - \$200,000 code enforcement
 - \$75,000 essential workers
 - \$500,000 broadband
 - \$1.5 million home repairs
 - \$500,000 infrastructure
 - \$100,000 administrative
 - \$1,067,093 unallocated

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 | | 0 |
| 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 | The city is currently making major renovations to the Civic and Resource Center to improve residents' access to the facilities and making improvements within the center. Construction will consist of the indoor recreation facility. | 5,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 5,000,000 |

12. Program Performance

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

The City of Belle Glade is requesting support for a new indoor swimming pool and recreational facility located adjacent to the Lakeshore Civic Center. This facility will be the focal point for revitalization of the city's downtown area and will have a regional impact throughout the entire Glades area.

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

A new indoor olympic size swimming pool and recreational center will make a dramatic improvement to this inner part of the city and will also enhance service to the community and regional area that has been traditionally underserved.

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

Types of programs planned include all individuals and groups from youths and youth groups to seniors, hosting competitive sports programs, aerobic and yoga facilities, weight and exercise facilities, and facilities for hosting events, etc. This facility will be the first of its kind in the western Glades area.

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



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The indoor swimming pool and recreational facility will have programs to support all ages and all members of the community and surrounding area and would be the only such facility in the western region of Palm Beach County. Residents from Pahokee and South Bay and those in between could access the facility through public transportation along with city residents and those in the surrounding area.

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

A new indoor olympic size swimming pool and recreational center will make a dramatic improvement to this inner part of the city and also enhance service to the community and regional area that has traditionally been underserved. Success of this outcome will be measured by the number of visitors that attend the facility, focusing on youth and elderly, as well as the number of programs and events the facility hosts.

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?

The agency may withhold funds if deliverables and project goals are not met. Standard contract penalties are sufficient.

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.

The City of Belle Glade.



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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