

LFIR # 2061

| 1. Project Title | Delray Beach Cath | erine Strong Pa | rk improvements | | |
|--------------------------------------------------------|--------------------------------------------------|----------------------------------|----------------------------------------------|--------------------------------------------|------------------------------------------------|
| 2. Senate Sponsor | Lori Berman | | | | |
| 3. Date of Request | 12/03/2021 | | | | |
| 4. Project/Program D | escription | | | | |
| The purchase and i for play in a high usorganizations. | nstallation of a new pl e, economically depre | ayground shade ssed community | structure at Catherine for neighborhood chil | e Strong Park. This dren, program parti | will provide a safe outle cipants and youth |
| 5. State Agency to re | ceive requested fund | Is Departm | nent of Environmental | Protection | |
| State Agency conta | acted? No | | | | |
| 6. Amount of the Non | recurring Request fo | r Fiscal Year 20 | 022-2023 | | |
| Type of Funding | | | Amo | ount | |
| Operations | | | | 0 | |
| Fixed Capital Outlay | 1 | | | 100,000 | |
| Total State Funds | Requested | | | 100,000 | |
| 7. Total Project Cost f Type of Funding | | -0-0 (01009 | Amount | Percentage | |
| Total State Funds Requested (from question #6) | | | 100,000 | 100% | |
| Matching Funds | equested (nom quest | 1011 #0) | 100,000 | 10070 | |
| Federal | | | 0 | 0% | |
| State (excluding the amount of this request) | | | 0 | 0% | |
| Local | | | 0 | 0% | |
| Other | | | 0 | 0% | |
| | s for Fiscal Year 2022 | 2-2023 | 100,000 | 100% | |
| 8. Has this project pro | | · | No | 10076 | |
| Fiscal Year | Amount | | Specific | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | I |
| 9. Is future funding li | kely to be requested | ? | No | | |
| a. If yes, indicate n | onrecurring amount | per year. | | | |
| | _ | | liou of state funding | | |
| b. Describe the SO | urce of funding that | can be used in | neu or state funding. | | |
| | | | | | |
| 10. Has the entity req | uesting this project | received any fe | deral assistance rela | ated to the COVID- | 19 pandemic? |
| | acoming and project | . John Ga Griy 10 | | | . o panaomio |
| No | | | | | |
| If yes, indicate the | amount of funds red | ceived and wha | t the funds were use | d for. | |



LFIR # 2061

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 | Purchase and installation of a new playground shade structure | 100,000 | | |
| Total State Funds Requested (must equal total from question #6) 100,000 | | | | |

12. Program Performance

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

The funds requested will provide the purchase and installation of a new playground shade structure. This will provide a safe outlet for play in a high use, economically depressed community for neighborhood children, program participants and youth organizations.

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

These funds will provide a new playground to be utilized at will by neighborhood children, program participants and sports teams.

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

Provides a safe outlet for play in a high use community for neighborhood children, program participants and youth organizations.

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

The majority of the funds requested will serve target populations that visit the playground such as Economically disadvantaged persons, At-risk Youth, Pre-school students and Grade school students.

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

The purchase and installation of a new shade structure for the Catherine Strong Park playground provides a safe outlet to be utilized by the neighborhood children and youth programs/teams.

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?

Failure to meet deliverables will result in the City's forfeiture of the funding.



LFIR # 2061

| 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. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |

| Not Applicable | | |
|-----------------|--|--|
| 1101 Applicable | | |



LFIR # 2061

| 14. | 14. Requestor Contact Information | | | | | | |
|-----|---------------------------------------|---------------------------|--|-----------|--------|--|--|
| | a. First Name Samuel | | | Last Name | Metott | | |
| | b. Organization | City of Delray Beach | | | | | |
| | c. E-mail Address | MetottS@mydelraybeach.com | | | | | |
| | d. Phone Number (561)243-7252 Ext. | | | | | | |
| 15. | 15. Recipient Contact Information | | | | | | |
| | a. Organization City of Delray Beach | | | | | | |
| | b. Municipality and County Palm Beach | | | | | | |
| | 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 | Samuel | | Last Name | Metott | | |
| | e. E-mail Address | MetottS@mydelraybeach.com | | | | | |
| | f. Phone Number | (561)243-7252 | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | |
| | a. Name | Mathew Forrest | | | | | |
| | b. Firm Name | Ballard Partners | | | | | |
| | c. E-mail Address | mat@ballardpartners.com | | | | | |
| | d. Phone Number | (561)253-3232 | | | | | |