

LFIR # 1702

1. Project Title Edward L Myrick State Farmers Market Restaurant/Business Center

2. Senate Sponsor Tina Polsky

3. Date of Request 02/06/2023

4. Project/Program Description

Completion of the restaurant/business center to be use by individuals who ensure the fresh fruits and vegetables are transported throughout the state and throughout the country. This restaurant/business center has been on the premises for over 30 years and 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 and needs to be brought up to code.

5. State Agency to receive requested funds Department of

Department of Agriculture and Consumer Services

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 0 |
| Fixed Capital Outlay | 300,000 |
| Total State Funds Requested | 300,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 300,000 | 100% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 0 | 0% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2023-2024 | 300,000 | 100% | |

8. Has this project previously received state funding? No

| Fiscal Year | Amo | Amount | | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| | | | | |

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?

No

No



If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

OPlanning ODesign OConstruction

- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?
- d. What is the estimated completion date of construction?

| No |
|---|
| it is ready to start, as soon as state funding appropriated. |
| <i>.</i> |

one year after receiving state funding

12. List 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 Department of Agriculture and Consumer Services owns the building

DMS Contract No. AG-98008010 to correct "...imminent safety to life hazard..."

13. 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/Majo | r Renovation: | | |
| 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 | |
| Total State Funds Requested (m | Total State Funds Requested (must equal total from question #6) 300,0 | | |

14. 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?

N/A

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

15. Requester Contact Information

| a. First Name | Edward | | Last Name | Myrick |
|------------------------------|--|--------------------|-------------|--------|
| b. Organization | South Florida Agricultural Association | | | |
| c. E-mail Address | ed@myrickproduce.com | | | |
| d. Phone Number | (954)946 | -4991 | Ext. | |
| 16. Recipient Contact | Informatio | on | | |
| a. Organization | South Flo | orida Agricultural | Association | |
| b. Municipality and | d County | Broward | | |
| c. Organization Ty | ре | | | |
| □For Profit Entity | | | | |
| □Non Profit 501(c | □Non Profit 501(c)(3) | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | |
| □Local Entity | □Local Entity | | | |
| □University or Co | □University or College | | | |
| ☑Other (please specify) DACS | | | | |
| d. First Name | Edward | | Last Name | Myrick |
| e. E-mail Address | | | | |
| f. Phone Number | (954)946-4991 | | | |



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17. Lobbyist Contact Information

| a. Name | Jack Cory | |
|--|----------------------------|--|
| b. Firm Name | Public Affairs Consultants | |
| c. E-mail Address jackcory@paconsultants.com | | |
| d. Phone Number | (850)681-1065 | |