



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2547

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

**4. Project/Program Description**

The City of West Park is in need of assistance to address the issue of truancy and crime prevention within South Broward. The City is ranked as the third (3rd) highest community with schools that have multiple risk factors. These risk factors include, but are not limited to suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns. According to the Association for Supervision and Curriculum Development (ASCD), these risk factors can lead to the detriment of a student's capacity to envision or achieve success. As part of the City's commitment to provide quality Youth Programming that will deter truancy, bullying and other negative behavior among school-age children, funding is being requested to support after school and summer programming, and the production of a skit that will feature the City and students as actors. Early intervention is essential to preventing and deterring negative behavior and any potential for crime.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

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

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

**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)	200,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	200,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>400,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	200,000	1185	No

9. **Is future funding likely to be requested?**  No
- 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?

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

The City of West Park was awarded \$237,458.00 in CARES Act funding. These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage and Utilities Assistance, Small Business Assistance, Code Enf., etc. In addition, the City was awarded \$7,557,380.00 in ARPA funds. These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage, and Utilities Assistance, Small Businesses, Vaccinations, Capital Improvement, etc.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

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?

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.

13. 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	Funding is being requested to support after school and summer programming.	200,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

14. Program Performance



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

The goal is to provide quality Youth Programming that will deter truancy, bullying and other negative behavior among school-age children. Funding is being requested to support after school and summer programming.

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

Funding is being requested to support after school and summer programming.

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

Program participants will have access to this safe and caring environment. The program will provide daily activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational activities, exercise and nutrition.

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

Youth within the community that may be at-risk for suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns.

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

We expect the outcome to be a safe environment for students to participate in holistic activities within our program, Direct services will be provided. This outcome will be measured by attendance records, report cards, participant surveys.

**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 contract will have standard language that entails compliance, deliverables and reports. The contract will have standard language that will include Liquidated Damages and conditions.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**