



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1282

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Belle Glade is requesting support to harden and improve a municipal recreational facility (Lake Shore Swimming Complex) and surrounding complex. The complex includes an outdoor swimming pool and building for use of education (swimming classes) and exercise to serve the local residents and the surrounding Cities (Pahokee, South Bay, etc.).

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	4,000,000
Total State Funds Requested	4,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,000,000	89%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	495,206	11%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	4,495,206	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)? No

c. What is the estimated start date of construction? 08/01/2026

d. What is the estimated completion date of construction? 08/01/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

City of Belle Glade municipal funds.

11. 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.

City of Belle Glade.

12. 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		
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	Request for funding to pay for construction of the proposed improvements: Lake Shore Swimming Complex. The complex includes an outdoor swimming pool and an approximately 1,900-SF building containing a small office, bathrooms, chemical storage, lifeguard lounge, and pool equipment rooms.	4,000,000
Total State Funds Requested (must equal total from question #6)		4,000,000

13. Program Performance

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

The City of Belle Glade is requesting support to harden and improve a municipal recreational facility (Lake Shore Swimming Complex) and surrounding complex. The complex includes an outdoor swimming pool and building for use of education (swimming classes) and exercise to serve the local residents and the surrounding Cities (Pahokee, South Bay, etc.).

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



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Types of programs planned include all individuals/groups from youths/youth groups to seniors; hosting of after school/summer programs, water aerobic, swimming lessons, exercise/lap swimming, and providing a place to cool off during these times of rising temperatures; to serve the residents of Belle Glade and the surrounding communities (Pahokee, South Bay, Lake Harbor, Clewiston, Canal Point, etc.).

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

The Lake Shore Complex will have programs (after school/summer programs, water aerobics, swimming lessons, exercise/lap swimming, cooling off, etc.) 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.

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

Target population is the City of Belle Glade, which is a financially disadvantaged municipality (ch. 62-552, F.A.C.) that's located in a Rural Area of Opportunity (s. 288.0656, Florida Statutes). The number of individuals expected to be served include the visitors (surrounding communities), residents and businesses of the City of Belle Glade, which exceeds 17,000.

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

The proposed facility will provide a free place for residents to go to cool off in these times of rising temperatures as well as provide educational resources (swimming, water safety, and CPR classes, etc.) and aerobic activities (water aerobics, lap swimming, leisure swimming, etc.) for all ages (youth and elderly). Measurement of the population served can be collected by the number of people signing up for these programs/events as well as the sign-in sheet to enter the facility.

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 in the contract?

Non-payment of invoices until milestones achieved; implementation of corrective action plan if applicable.

14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



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b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

Please complete questions 17 through 21 for Water Projects only.

17. Have you been awarded or applied for alternative state funding for this project?

- Water Quality Improvement Grant Program
- Resilient Florida Grant Program
- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify, ex. Alternative Water Supply Grants)
- N/A

18. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- N/A

19. What is the status of construction?

20. What percentage of the construction has been completed?



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0%

21. What is the estimated completion date of construction? /

22. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

23. 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 Ext.

24. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.