

**LFIR # 2310** 

| 1. Project Title                              | Revitalization of   | Forest Capital Parl                           | k to Enhance Econom  | ic Growth            |                          |  |  |  |  |
|---|---|---|--|----------------------|--------------------------|--|--|--|--|
| 2. Senate Sponsor                             | Corey Simon   |   |  |                      |                          |  |  |  |  |
| 3. Date of Request                            | 2/28/2025   |   |  |                      |                          |  |  |  |  |
| 4. Project/Program D                          | escription  |   |  |                      |                          |  |  |  |  |
| businesses is spear<br>effort will modernize  | rheading a project to<br>e infrastructure and p   | rehabilitate Forest<br>parking facilities, er | n the Perry-Taylor Cou<br>t Capital Park into a pr<br>nhance visitor amenition<br>vents, and community | emier multi-use spa  | ace. This revitalization |  |  |  |  |
| 5. State Agency to re                         | 5. State Agency to receive requested funds  Department of Agriculture and Consumer Services |   |  |                      |                          |  |  |  |  |
| State Agency cont                             |   | for Fiscal Year 20                            | 025-2026   |                      |                          |  |  |  |  |
| Type of Funding                               |   |   | Amo  | unt                  |                          |  |  |  |  |
| Operating                                     |   |   |  | 0                    |                          |  |  |  |  |
| Fixed Capital Outla                           | у   |   | 550,000  |                      |                          |  |  |  |  |
| <b>Total State Funds</b>                      | Requested   |   | 550,000  |                      |                          |  |  |  |  |
| 7. Total Project Cost                         | for Fiscal Year 202   | 5-2026 (including                             | matching funds avai  | lable for this proje | ect)                     |  |  |  |  |
| Type of Funding                               |   |   | Amount   | Percentage           |                          |  |  |  |  |
|   | Requested (from que   | estion #6)                                    | 550,000  | 92%                  |                          |  |  |  |  |
| Matching Funds                                |   |   |  | 201                  |                          |  |  |  |  |
| Federal (1)                                   |   |   | 0  | 0%                   |                          |  |  |  |  |
| ,   | State (excluding the amount of this request)  |   |  | 0%<br>8%             |                          |  |  |  |  |
|   | Local   |   |  | 0%                   |                          |  |  |  |  |
| Other   |   |   | 0  |                      |                          |  |  |  |  |
| Total Project Cost                            | s for Fiscal Year 20  | )25-2026                                      | 600,000  | 100%                 |                          |  |  |  |  |
| 8. Has this project pr<br>If yes, provide the | reviously received a most recent instar   | •   | No   |                      |                          |  |  |  |  |
| Fiscal Year                                   | Amo   |   | Specific Appropriation #   | Vetoed               |                          |  |  |  |  |
| (уууу-уу)                                     | Recurring   | Nonrecurring                                  | Appropriation #  |                      |                          |  |  |  |  |
|   |   |   |  |                      |                          |  |  |  |  |
| 9. Is future-year fund                        | ling likely to be req   | uested?                                       | No   |                      |                          |  |  |  |  |
| a. If yes, indicate r                         | nonrecurring amou   | nt per year.                                  |  |                      |                          |  |  |  |  |
| b. Describe the so                            | urce of funding tha   | nt can be used in l                           | ieu of state funding.  |                      |                          |  |  |  |  |
|   |   |   |  |                      |                          |  |  |  |  |
|   |   |   |  |                      |                          |  |  |  |  |



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| 10. Status of Constructi | 10 | 0. S | tatus | Ωt | Con | strua | tion |
|--------------------------|----|------|-------|----|-----|-------|------|
|--------------------------|----|------|-------|----|-----|-------|------|

What is the assument where of the westert

| a. Wilat is the cu  | ment phase of th         | ie project?                                    |          |                   |                |
|---------------------|--------------------------|--|----------|-------------------|----------------|
| Planning            | <ul><li>Design</li></ul> | Construction                                   | O N/A    |                   |                |
| b. Is the project ' | "shovel ready" (         | i.e permitted)?                                |          | Yes               |                |
| c. What is the es   | timated start da         | te of construction?                            |          | 01/01/2026        |                |
| d. What is the es   | timated complet          | tion date of construc                          | tion?    | 06/30/2026        |                |
| e. What funding     | stream will be us        | sed for ongoing oper                           | ations a | nd maintenance of | f the project? |
|                     | merce and Touris         | s Forest Capital Hall a<br>sm Development Cour |          |                   |                |

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.

Taylor County Board of Commissioners owns and operates Forest Capital Park, Forest Capital Hall and the Heritage Pavilion which is also located in the immediate area.

### 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/<br>Other                     |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study                        |  | 0       |  |  |
| Operational Costs   |  |         |  |  |
| Salary and Benefits   |  | 0       |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study                        |  | 0       |  |  |
| Fixed Capital Construction/Majo                                 | r Renovation:  |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           | The funding will be used for much needed parking facility improvements, electrical upgrades, improvement and expansion of waterlines, infrastructure needed to provide Wi-Fi access, and enhanced and improved park amenities. | 550,000 |  |  |
| Total State Funds Requested (must equal total from question #6) |  |         |  |  |

### 13. Program Performance

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

The goal of the project is to attract more visitors and businesses and by creating a well-maintained event facility that can accommodate the thousands of people which attend events at Forest Capital Park annually. The Park will serve as a regional tourism and event center with the ability to host large scale festivals, concerts, and cultural events which will encourage vistors to stay multiple days in the community and Big Bend region.



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

The project will provide for much needed park improvements and infrastructure upgrades which will include but not be limited to parking facility improvements, and electrical and waterline upgrades. All funding will be used for upgrades and enhancements to the Park to promote tourism and economic development. The Tourism Development Council will be providing a \$50,000 match for the project through "in kind" services and TDC funding.

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

Improved infrastructure and amenities will increase tourism and economic development opportunities by attracting more events, festivals, and entertainment activities. This will bring in more visitors who will stay in hotels and spend tourism dollars in local restaurants and retail outlets. The added revenue will support job creation and stability in the hospitality and service industries.

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

The target population is Taylor County (21,582) however, tourism benefits the entire state in particular the Big Bend region which as a whole is a fiscally constrained area.

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

The increase in tourism opportunities will have a positive economic impact on the entire community. In a study completed by the University of Florida, events such as the FBA BBQ Competition has an economic impact of over \$1.8M on the local economy. This is just one of many events hosted at Forest Capital Park. The benefit will be increased "bed tax" revenue in addition to all of the local businesses which will benefit from events and festivals at Forest Capital Park.

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?

The design and engineering for the parking improvements is complete and the project is ready to be bid out. Quotes are being obtained for the other improvements in the scope of work such as electrical upgrades. Once funding is secured, the County with the assistance of the Chamber of Commerce and Tourism Development Council will be able to move forward with the project immediately. All timelines outlined in a grant contract agreement will be met.

| 4. Is this project related to mitigation, response, or recovery from a natural disaster? No |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| a. If   | f 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 infastructure) |  |  |  |  |  |  |
| b. N  | Name of the natural disaster (or Executive Order # for events not under a federal declaration):          |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 5. 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 c   | ost listed on th | e FEMA proj   | ect worksheet  | :            |
|-----------------------------------|-------------|------------------|---------------|----------------|--------------|
| . Has the entity app              | lied for or | r received state | e assistance  | or this projec | t (other tha |
| ☐ Yes, Applied                    |             |                  |               |                |              |
| ☐ Yes, Received                   |             |                  |               |                |              |
| □ No                              |             |                  |               |                |              |
| ☐ No, but intends to              | o apply     |                  |               |                |              |
| a. If yes, specify the Commerce): | e program   | n and state age  | ncy (ex. Loca | al Governmen   | : Emergend   |
| . Requester Contact               |             |                  |               |                |              |
| a. First Name                     | LaWanda     |                  | Last Name     |                |              |
| b. Organization                   |             | ounty Board of C |               | S              |              |
| c. E-mail Address                 |             |                  | 7             |                |              |
| d. Phone Number                   | (850)843    | -5381            | Ext.          |                |              |
| . Recipient Contact               | Information | on               |               |                |              |
| a. Organization                   |             | ounty Board of C | Commissioner  | S              |              |
| b. Municipality and               | d County    | Taylor           |               |                |              |
| c. Organization Ty                | ре          |                  |               |                |              |
| □For Profit Entity                |             |                  |               |                |              |
| □Non Profit 501(d                 | c)(3)       |                  |               |                |              |
| □Non Profit 501(c                 | , , ,       |                  |               |                |              |
| ☑Local Entity                     | ·/\ '/      |                  |               |                |              |
| □University or Co                 | عممال       |                  |               |                |              |
| ·                                 | •           |                  |               |                |              |
| ☐Other (please sp                 | ресіту)     |                  | _             |                |              |
| d. First Name                     | LaWanda     | a                | Last Name     | Pembrton       |              |
| e. E-mail Address                 | LPember     | ton@taylorcoun   | tygov.com     |                |              |
| f. Phone Number                   | (850)843    | -5381            | Ext.          |                |              |



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| a. Name           | None |  |
|-------------------|------|--|
| 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.