



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2741

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The City has over 90,000 residents and the hub of resident activities are the City's parks and community facilities. This funding would provide for renovation and Americans with Disabilities (ADA) improvements at three (3) key facilities: Central Park Multi-purpose Building, Jim Ward Community Center, and Volunteer Park. Improvements would include removal of access barriers, restroom improvements, signage, etc. which would make the facilities safer and more accessible to all users.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	307,650
Total State Funds Requested	307,650

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)	307,650	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	307,650	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	615,300	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? 09/08/2025

d. What is the estimated completion date of construction? 06/08/2026

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

The city will be responsible for ongoing maintenance and operations costs

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 Plantation

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	construction of identified improvements- including sign installation, bathroom renovation, removal of barriers, etc.	307,650
Total State Funds Requested (must equal total from question #6)		307,650

13. Program Performance

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

This funding would provide for renovation and Americans with Disabilities (ADA) improvements at three (3) key facilities. Improvements would include removal of access barriers, restroom improvements, signage, etc. which would make the facilities safer and more accessible to all users.

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

Construction of identified improvements- including sign installation, bathroom renovation, removal of barriers, etc.

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



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Expanded, safer access to key recreational facilities for a greater portion of the community

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

The City has over 90,000 residents and the hub of resident activities are the City's parks and community facilities. This project has benefits for the greater community as well as specific benefits for the disabled population.

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

By increasing accessibility to these facilities, more residents will be able to use the parks' facilities for exercise and well-being. Measured by: number of persons using parks for exercise (e.g. weight rooms, walking/jogging paths, etc.) By increasing accessibility to these facilities, more residents will be able to participate in culturally enriching experiences offered by our Parks & Recreation Department. Measured by: number of persons enrolled and engaging in class offerings

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?

Failure to meet requirements for deliverables or performance measures may result in reduction of funding or forfeiture of funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster? 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#:

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



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No

No, but intends to apply

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

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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