

## The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 3233** 

1. Project Title	Westlake Park Ir	Westlake Park Improvements Phase 1						
2. Senate Sponsor	Gayle Harrell							
3. Date of Request	3/5/2025							
4. Project/Program De	escription							
Construction of the	first phase of an inc	lusive park for the	residents of Westlake	and the surroundin	g area.			
5. State Agency to red	ceive requested fu	nds Departm	nent of Environmental I	Protection				
State Agency conta	cted? Yes							
- ,								
6. Amount of the Nonr	ecurring Request	for Fiscal Year 20	025-2026					
Type of Funding			Amo	unt				
Operating				0				
Fixed Capital Outlay				600,000				
Total State Funds F	Requested			600,000				
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including			ect)			
Type of Funding  Total State Funds Requested (from question #6)			Amount	Percentage				
Matching Funds	equestea (Irom que	Stion #6)	600,000	50%				
Federal			0	0%				
State (excluding the	amount of this requ	uest)	0	0%				
Local	·		600,000	50%				
Other			0	0%				
<b>Total Project Costs</b>	for Fiscal Year 20	)25-2026	1,200,000	100%				
8. Has this project pre	eviously received	state funding?	No					
If yes, provide the	-	_						
Fiscal Year	Amo		Specific Appropriation #	Vetoed				
(уууу-уу)	Recurring	Nonrecurring	Appropriation #					
9. Is future-year fundi	ng likely to be req	uested?	Yes					
a. If yes, indicate nonrecurring amount per year.			600,000					
b. Describe the sou	irce of funding tha	at can be used in	lieu of state funding.					
City of Westlake ge	eneral fund taxes.							

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction



a. What is the current phase of the project?

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0

0

0

0

600,000

600,000

<ul><li>Planning</li></ul>	O Design	<ul><li>Construction</li></ul>	O N/A			
<ul><li>b. Is the project "shovel ready" (i.e permitted)?</li><li>c. What is the estimated start date of construction?</li><li>d. What is the estimated completion date of construction?</li></ul>				No		
				06/30/2026		
				06/30/2027		
e. What funding	j stream will be ι	sed for ongoing ope	rations a	nd maintenance	of the project?	
City Taxes and	Assessments fro	m Seminole Improvem	nent Distri	et.		
relationship be Seminole Impi	etween the owne	o receive, directly or ers of the facility and via interlocal agreeme	the entity	· <u>·</u>	tal outlay funding. Ind	lude the
12. Details on how	the requested s	tate funds will be exp	ended			
Spending Categ	gory	Description			Amount	
<b>Administrative</b>	Costs:					
Executive Director Salary and Benefit						
Other Salary and E	3enefits					
Expense/Equipme	nt/Travel/Supplies/					1

### 13. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Operational Costs
Salary and Benefits

Services/Study

Other

Other

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

Total State Funds Requested (must equal total from question #6)

Allow the City of Westlake in conjunction with the Seminole Improvement District the abilit ot construct phase 1 of an inclusive park for the residents of Westlake and surrounding area.

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

Design and construction of phase 1

Access to site with parking and other initial amenities for use of the park area.

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

Access to approximately 74 acres of land that has drainage systems installed and graded for use as multipurpose fields.

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



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Residents of Westlake and surrounding area.	
e. What is the expected benefit or outcome of this project? What is the met be measured?	hodology by which this outcome will
Observation of use by the public over time.	
f. What are the suggested penalties that the contracting agency may consider for failing to meet deliverables or performance measures provided for in the	-
The agency should request a refund of all funds expended if recipient fails to me	eet the terms of the contract.
14. Is this project related to mitigation, response, or recovery from a natural dis	saster? 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 disa	aster)
☐ Recovery (assisting communities return to normal operations, including rebu	ilding damaged infastructure)
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	r 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 Emergonmerce):	gency Bridge Loan, Department of



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17.	17. Requester Contact Information							
	a. First Name	Kenneth		Last Name	Cassel			
	b. Organization	City of Westlake						
	c. E-mail Address	kcassel@westlakegov.com						
	d. Phone Number	(561)227	(561)227-2272 <b>Ext.</b>					
18.	Recipient Contact	ntact Information						
	a. Organization	City of Westlake						
	b. Municipality and County Palm Beach							
	c. Organization Type							
	□For Profit Entity	For Profit Entity						
	□Non Profit 501(c	rofit 501(c)(3)						
	□Non Profit 501(c	(c)(4)						
	☑Local Entity							
	□University or Co	□University or College						
	□Other (please specify)							
	d. First Name	Kenneth		Last Name	Cassel			
	e. E-mail Address	kcassel@westlakegov.com						
	f. Phone Number	(561)227	-2272	Ext.				
19.	19. Lobbyist Contact Information							
	a. Name	Karl Nels Rasmussen						
	b. Firm Name	Metz Husband & Daughton PA						
	c. E-mail Address	KR@mhdfirm.com						
	d. Phone Number	(850)205-9000						

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