

LFIR # 3307

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1. Project Title	Naples Cambier I	Park Playgro	und Re	eplacement Project		
2. Senate Sponsor	Kathleen Passido	mo				
3. Date of Request	3/4/2025					
4. Project/Program D	escription					
County, and visitors the playground is cr play environment. T 6-12, and an outdoor maintaining the multiproviding access an lacking in the existing and welcoming space. 5. State Agency to result the state Agency contains the players of the state Agency contains the players of the players.	to our City. Installed itical to ensuring the he proposed new place of fitness area for additigenerational appeared play opportunities ag structure. This proce for all families for ceive requested fur acted?	I in the mid-1 safety and wayground will ults, al of the exist for children ciject will ensuyears to com	990s, vell-bei featur featur factur f	the playground has fing of its users while edesignated areas facility. Importantly, the collities—an essential mbier Park Playgroundent of Environmental	far exceeded its life providing a moder for children ages 5 e new design will profeature currently and remains a safe,	•
6. Amount of the Non	recurring Request f	for Fiscal Ye	ear 202	25-2026		_
Type of Funding				Amo	ount	
Operating					(<u>)</u>
Fixed Capital Outlay	У				944,206	3
						•
Total State Funds	Requested				944,206	<u>D</u>
7. Total Project Cost f	•	5-2026 (inclu	ıding r	natching funds ava		
	•	i-2026 (inclu	iding r	natching funds ava		
7. Total Project Cost f	•	`	iding r		ilable for this pro	ject)
7. Total Project Cost f	for Fiscal Year 2025	`	iding r	Amount	ilable for this pro	ject)
7. Total Project Cost f Type of Funding Total State Funds R	for Fiscal Year 2025	`	iding r	Amount	ilable for this pro	ject)
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	for Fiscal Year 2025	stion #6)	iding r	Amount 944,206	Percentage 50%	ject)
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7. Total Project Cost for Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	for Fiscal Year 2025 Requested (from quested amount of this requests for Fiscal Year 2025)	est) 25-2026		944,206 0 0 944,206 0	Percentage 50% 0% 0% 50%	ject)
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7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profess, provide the	Requested (from quested amount of this requested for Fiscal Year 202) eviously received smost recent instance.	est) 25-2026 state funding	17?	Amount 944,206 0 944,206 0 1,888,412 No	Percentage 50% 0% 0% 50% 100%	ject)
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the	Requested (from quested amount of this requested services for Fiscal Year 202) eviously received services most recent instance.	est) 25-2026 state funding ce:	17?	Amount 944,206 0 944,206 0 1,888,412 No Specific	Percentage 50% 0% 0% 50% 100%	ject)
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7. Total Project Cost for Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding	Requested (from quested amount of this requested services for Fiscal Year 202) eviously received services most recent instance Amo Recurring	estion #6) 25-2026 state funding ce: unt Nonrecurr	g?	Amount 944,206 0 944,206 0 1,888,412 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%	ject)
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction			
a. What is the current phase of the	e project?		
Planning • Design	Construction	○ N/A	
b. Is the project "shovel ready" (i.	e permitted)?	No	
c. What is the estimated start date	e of construction?	8/1/2025	
d. What is the estimated completion	on date of construct	ion? 11/1/2025	
e. What funding stream will be use	ed for ongoing opera	ntions and maintenar	nce of the project?
General Fund			
11. List the owners of the facility to relationship between the owners			apital outlay funding. Include the
City of Naples			

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	A design will be approved with public input. The project will go through an RFQ process and will be constructed by the same contractor selected to design the structure. The playground will be constructed to the current safety standards and will be inclusive for children of all abilities.	944,206
Total State Funds Requested (m	ust equal total from question #6)	944,206

13. Program Performance

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

We will construct an inclusive playground for the community which meets current safety standards for playgrounds, and an outdoor fitness area.

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



14.

15.

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The playground surfacing and components will be inclusive by design to ensure children of all ages and abilities will be able to play together. The outdoor fitness equipment will be adjacent to ensure parents can watch their children while exercising.

c. What direct services will be provided to citizens by the appropriation project?	
An inclusive playground and outdoor fitness area.	
d. Who is the target population served by this project? How many individuals are expected to be	oe served?
Children 12 and under, all abilities, for the inclusive playground. 13 and over for the outdoor fitness en	quipment.
e. What is the expected benefit or outcome of this project? What is the methodology by which	this outcome will
be measured?	
It will promote health, social, and cognitive enhancements for the community by encouraging "play" a abilities. We will have a counting system to keep track of the users and conduct surveys to obtain feed structures. In addition, every 5 years we will have an update to the department's Master Plan that will feedback about all facilities, including this one.	dback on the
f. What are the suggested penalties that the contracting agency may consider in addition to its	standard penaltie
for failing to meet deliverables or performance measures provided for in the contract?	
The City's Level of Service (LOS) for playgrounds will decrease. The new playground would not only would also meet new safety standards and be inclusive for children with disabilities.	maintain the LOS, i
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 infast	tructure)
o. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	:
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#:	
o. 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)?



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☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the		state ager	ncy (ex. Loca	al Governmen	t Emerger
Commerce):					
. Requester Contact	Information				
a. First Name	Chad		Last Name	Merritt	
b. Organization	City of Naples				
c. E-mail Address					
d. Phone Number	•		Ext.		
. Recipient Contact	Information				
a. Organization	City of Naples				1
b. Municipality and	d County Coll	ier			
c. Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(d	:)(3)				
□Non Profit 501(d	:)(4)				
☑Local Entity	, , ,				
·	llogo				
□University or Co	_				
□Other (please sp	pecify)				
d. First Name	Chad		Last Name	Merritt	
e. E-mail Address	cmerritt@napl	esgov.com			
f. Phone Number	(239)213-7111	1	Ext.		
Lobbyist Contact I	nformation				
a. Name	Lisa M. Hurley	У			
b. Firm Name	SBM Partners	s, Inc.			
c. E-mail Address	Ihurley@SBMI	Partners.co	m		
d. Phone Number	(850)224-5081	1			



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