

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Tamarac ADA Compatible Caporella Park Enhancements
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Patricia Williams
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Funding withheld until deliverables are met.

6. Requester:

- a. Name: Gregory Warner
- b. Organization: City of Tamarac
- c. Email: greg.warner@tamarac.org
- d. Phone #: (954)597-3638

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Gregory Warner
- b. Organization: City of Tamarac
- c. Email: greg.warner@tamarac.org
- d. Phone #: (954)597-3638

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Ronald L. Book
- b. Firm: Mr. Ronald L. Book, P.A.
- c. Email: rana@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Tamarac
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The project will construct ADA compatible park enhancements to serve the residents in the eastern portion of the City that lacks sufficient park space. It will provide families and individuals of all ages, backgrounds and abilities in Tamarac and the surrounding municipalities with enhanced amenities and opportunities to exercise, develop social intergenerational and multicultural connections, relax and enjoy the green space, contributing to their physical and mental wellbeing.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funding for the design of project along with the construction and installation of new amenities.	400,000
TOTAL		400,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Support letters from the resident Parks and Recreation Advisory Board and resident-led Parks and Recreation Foundation. In addition, a community meeting was held at the park location where residents showed overwhelming support for the project. Project is supported by the City Commission, City Strategic Plan, Parks and Recreation Master Plan, and Budget/Capital Improvement Plan.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

A Parks and Recreation Master Plan (completed in December 2014) identified the need for accessible Caporella Park enhancements. The study, included community needs assessment based on the population within a 3 mile radius and the lack of park facilities available to them. 147,000+ diverse residents live in this area in Tamarac and surrounding municipalities; their median age is 39 (significantly younger than the City average of 47) with median household income of \$43,483 (20% lower than County)

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

A variety of ADA accessible amenities and enhancements, such as additional parking, multi-purpose pathways, picnic shelter, splash pad, multi-purpose court, exercise equipment and a non-motorized boat launch, will directly benefit over 147,000 residents not only in Tamarac, but also the neighboring municipalities within the 3 mile radius (e.g. Fort Lauderdale, Oakland Park, Lauderdale Lakes, Lauderhill, North Lauderdale...) Project will improve access to health, fitness, recreation, leisure and

17b. Describe the direct services to be provided to the citizens by the funding requested.

The planned ADA Accessible enhancements will provide both active and passive activity space for people of all ages, backgrounds, and abilities, including lower income families. This will enhance physical and mental wellbeing of Broward County residents in the area that lacks access to parks and recreation services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Numbers of Broward County residents expected to be served below would be per day.

17d. How many in the target population are expected to be served?

- < 25
- 25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Physical and mental health outcomes are significantly improved for individuals of all ages, backgrounds and abilities that have access and take advantage of parks and recreation, facilities amenities, activities and social interactions provide by them.	Measuring the number of Broward County residents utilizing the enhanced park amenities for active and passive recreation
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Continue to preserve green and open space and resident appreciation of it by enhancing parks facilities and amenities in a way that best complements the natural environment	Acreage of green and open space in the City; number of Broward residents visiting the park and utilizing amenities for active and passive recreation
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	400,000	14.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	2,300,000	85.2%	Yes
5. Other:	0	0.0%	No
TOTAL	2,700,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No