

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Belle Glade Multi-Purpose Community Center

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Joseph Abruzzo

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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					26,431,340	26,431,340

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Economic Opportunity

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.

Non payment of invoices

6. Requester:

- a. Name: Lomax Harrelle
- b. Organization: City of Belle Glade
- c. Email: lharrelle@belleglade-fl.com
- d. Phone #: (561)992-1601

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

- a. Name: Lomax Harrelle
- b. Organization: City of Belle Glade
- c. Email: lharrelle@belleglade-fl.com
- d. Phone #: (561)992-1601

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

- a. Name: Connie Vanassche
- b. Firm: CAS Governmental Services LLC
- c. Email: casgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

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

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?

To design and construct a multi-purpose community center for young children, youth, teens to senior adults in this fiscally disadvantaged community that is located in a Rural Area of Economic Opportunity. Center to include outdoor facilities for baseball, basketball, track & soccer; indoor facilities to include day care, activity rooms for teens, band/music, fitness/gym, interactive games, exercise & tutoring, etc., & indoor swimming pool. Promotes employment of 20 FTE.

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	Contractual Architectural/Engineering & Construction Services	26,431,340
TOTAL		26,431,340

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?

No

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

No

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?

Funds will be used for contractual services for architectural/engineering design, final design, bidding, project management, engineering during construction & construction.

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

Provide a facility that offers structured educational activities, place to have civic meetings, tutoring, senior citizen activities, athletic programs for the youth, teens, adults, etc. A place to have organized sports tournaments, swim meets, etc.

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)

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	Opportunity to participate & attend fitness classes, educational programs, participate in athletic programs, basketball, baseball,	Track number of attendees. Reduction in medical costs.

	swimming, soccer, track	
<input checked="" type="checkbox"/> Improve mental health	Facility allows for interacting with community & structured activities, being active promotes better health mentally & physically.	Survey from participants.
<input checked="" type="checkbox"/> Enrich cultural experience	Facility allows for place to have art/music, cultural enrichment programs. Promotes safe haven for at risk children, youth, teens & senior adults	Survey participants in each program. Marketing & advertising of programs.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Facility allows for art/music, cultural enrichment, tutoring programs to be offered. Promotes safe haven for at risk children, youth, teens & senior adults	Survey number of participants in each program.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Facility promotes structured programs and provides a safe haven for at risk children, youth, teens & senior adults	Reduction in crime & gang violence.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Keeps Floridians employed,	Project promotes employment, reduction of unemployment, increase in State revenues
<input type="checkbox"/> Increase tourism		

<input checked="" type="checkbox"/> Create specific immediate job opportunities	Project promotes employment; Keeps Floridians employed	20 FTE positions to be filled upon completion of project and implementation of programs. Reduction of unemployed.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Employment provides for self-sufficiency	Increase of employment reduces need of State funded programs.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Structured programs keeps kids, teens, busy and out of trouble.	Reduction of drug abuse, crime.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Structured programs keeps kids, teens, busy and out of trouble.	Reduction of crime and juveniles in 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 2018-19 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:	26,431,340	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	26,431,340	100%	

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

No