

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Historic Fort Meade Peace River Park Outpost
2. Date of Submission: 09/18/2019
3. House Member Sponsor: Melony Bell
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:					5,000,000	5,000,000

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? Yes
 - 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.

Withholding of funds for failure to meet deliverables. Require tasks to be completed prior to release of funds and substantiation of project elements.

6. Requester:

- a. Name: Danielle Judd
- b. Organization: City of Fort Meade
- c. Email: djudd@cityoffortmeade.com
- d. Phone #: (863)285-1100

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

- a. Name: Danielle Judd
- b. Organization: City of Fort Meade
- c. Email: djudd@cityoffortmeade.com
- d. Phone #: (863)285-1100

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

- a. Name: Frank Bernardino
- b. Firm: Anfield Florida
- c. Email: frank@anfieldflorida.com
- d. Phone #: (561)718-2345

9. Organization or Name of entity receiving funds:

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

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 funds will be used to begin development of a 400 acre plus site immediately adjacent to Peace River in Fort Meade known as Peace River Park. A Master Plan adopted on July 9, 2019 provides the basis for the request. The Plan has resource based recreation, historical elements for visitor services, primitive camping, cabins, RV sites, multi-purpose trails, canoe launch, equestrian center, horse stables, playground, picnicking, boat ramp, and a café.

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	Planning, Engineering, and Construction of Site Elements	5,000,000
TOTAL		5,000,000

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:

A Master Plan was developed and approved by the community on July 9, 2019 during a City Commission meeting attended by citizens, consultants, and planners.

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:

Feasibility Study, Historic Fort Meade by Oak Square Consultants, LLC, December 5, 2014. Market Study by Markin Consulting, LLC, dated March 8, 2018.

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?

Recreation facilities for all ages. Users include equestrian groups, school groups, historical society, general public, camping associations, canoe and kayak enthusiasts, and trail associations.

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

Equestrian uses, boating opportunities, hiking, camping, interpretive historical venues, and outdoor resource based recreation for all ages.

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	Ability to walk trails, ride a horse, canoe and kayak along Peace River.	Survey physical abilities prior to park attendance. Determine increase in physical stamina.
<input checked="" type="checkbox"/> Improve mental health	Overall feeling of well-being by participating in outdoor recreation and sports.	Decreased stress and tension by relaxation and measurement of blood pressure, weight loss.
<input checked="" type="checkbox"/> Enrich cultural experience	Knowledge of local history and folklore.	Knowledge of Peace River Park by providing an interpretive program.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Participants in agriculture related events and offerings by inviting groups such as FFA, 4H, local farmers and citrus growers to demonstrate these various fields and occupations.	Number of interest in these fields and/or occupations through surveys and enrollment in agriculture related venues.
<input checked="" type="checkbox"/> Improve quality of education	Students who visit the park and become park volunteers. Programs that provide education about natural and cultural resources at the site.	Number of students who adopt the Peace River Park and volunteer at the park.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Visitors to the Site that generate spin off revenues from restaurants,	Number of overnight stays that generate Tourist Development Tax

	gasoline stations, downtown shopping.	and Sales Tax Revenues.
<input checked="" type="checkbox"/> Increase tourism	Out of state and region visitors.	Number of day use visitors to the park and rentals for various Park amenities.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Job creation for various elements located within the park.	Number of new jobs created and increased employment rate.
<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:	5,000,000	50.0%	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:	5,000,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	10,000,000	100%	

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

No