

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pembroke Park Community Garden Facilities ADA Pathway & Lighting Project

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Shevrin Jones

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:					100,000	100,000

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.

Implementation of a corrective action plan; non payment of invoices until milestones are achieved

6. Requester:

- a. Name: Todd Larson
- b. Organization: Town of Pembroke Park
- c. Email: tlarson@townofpembrokepark.com
- d. Phone #: (954)966-4600

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

- a. Name: Todd Larson
- b. Organization: Town of Pembroke Park
- c. Email: tlarson@townofpembrokepark.com
- d. Phone #: (954)966-4600

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: ccvgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

- a. Name: Town of Pembroke Park
- 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?

To design & construct ADA compliant walkway with solar safety security lighting in the fruit tree orchard located within the Community Garden Food Forest that has been designated as a "Food Desert", to enhance the Agro-Eco educational programs. Addresses safety, life, & health for students, youth groups, tourists, residents & citizenry on Town owned facilities in this financially disadvantaged municipality.

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 Design & Construction	100,000
TOTAL		100,000

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:

Resolution of support from the Town of Pembroke Park Commission after being considered and recommended by the Town's Park Advisory Committee & support of local elementary school, a local church group and Capoeira, an international community based at-risk youth service organization.

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?

Contractual engineering design & construction of ADA compliant walkway & security lighting in the fruit tree orchard located within the Community Garden Food Forest.

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

Improved life, health & public safety for citizenry, visitors, students, youth groups, general public, etc., participating in the Agro Eco educational programs held at the Community Garden.

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	Provides safe avenue to improve physical health to get out & exercise in the fresh air; learn about good healthy nutrition & about the "Food	ADA pathway allows safe passage through the facilities; Log/record/monitor number of visitors

	Desert" agriculture program utilizing the proposed ADA pathway.	& participants
<input checked="" type="checkbox"/> Improve mental health	improves mental health by providing comfort of safe ADA pathway with security lighting on Town owned facilities	Collection of feedback from the of persons served.
<input checked="" type="checkbox"/> Enrich cultural experience	enrichment of cultural experience with ADA safe passage & lighting added to the community garden fruit tree orchard to enhance Agro-Eco educational programs -- Food Desert program & historical data of our cultural	Visitor counts will be maintained. Collection of feedback from attendees.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Provides safe ADA compliant avenue to improve ag production/ education with the Agro-Eco educational programs held within the community garden facility -- planting/harvesting of edible agricultural products (fruits/vegetables); promoting & educating the benefits of STEM-agriculture & historical data of the Town.	Record/logs of plantings/harvesting, tours conducted; STEM-AG classes; attendee surveys
<input checked="" type="checkbox"/> Improve quality of education	improves education with safe ADA pathway to host tours, field trips, classes for STEM-AG planting/ harvesting for a Food Desert program community garden facility; (i.e., 5th grade class toured the community garden facility; an important element of their educational experience).	Maintain records of attendees, school groups, youth group, general public, & attendees. Survey of attendees.

<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Safe ADA compliant pathway through the garden & orchard preserves green space & helps protects wildlife habitats for displaced burrowing owls & a butterfly habitat. Fencing has been installed by the Town.	Survey of attendees. Record/log of wildlife -- i.e., birds, bees, bats, burrowing owls, species of butterflies, etc. that live & frequent the property
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved life, health, safety with installation of ADA compliant walkway & security lighting to protect general public from harm. The Town installed fencing.	Record/log number of visitors to the community garden facility & compare with police incident reports, if any.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Keeps Floridians employed.	Employment maintained from project in this fiscally constrained municipality.
<input checked="" type="checkbox"/> Increase tourism	The community garden exotic orchard are designed to be an agro-tourism & education facility (as well as a producer of fruits and vegetables for the participants, visitors, citizenry).	Maintain record/log/survey of visitors.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	One job has already been created specifically to work at the garden facilities located in this fiscally constrained municipality.	Record/log of personnel that work at the garden facilities, if any outside employment develops as a result of the needs of the garden.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Opportunity for individuals, youth groups, schools groups, citizenry, etc. to safely participate in plantings/harvesting, classes tours of the garden facilities that will be producing food for themselves &	Record/log the amount of plantings/harvesting done/produced by the community garden facilities & number served by food giveaway programs

	others in the community.	
<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:	100,000	83.3%	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:	20,000	16.7%	Yes
5. Other:	0	0.0%	No
TOTAL	120,000	100%	

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

No