

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Centennial Park Upgrades for Children with Unique Abilities - Fort Myers
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Dane Eagle
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:		1,000,000	1,000,000		1,500,000	1,500,000

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 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.
Forfeiture of state funding.

6. Requester:

- a. Name: Stephanie Schaffer
- b. Organization: City of Fort Myers
- c. Email: sschaffer@cityfortmyers.com
- d. Phone #: (239)321-7157

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

- a. Name: Stephanie Schaffer
- b. Organization: City of Fort Myers
- c. Email: sschaffer@cityfortmyers.com
- d. Phone #: (239)321-7157

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

- a. Name: Robert Stuart
- b. Firm: Gray Robinson
- c. Email: robert.stuart@gray-robinson.com
- d. Phone #: (321)217-6207

9. Organization or Name of entity receiving funds:

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

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?

Centennial Park is an 11-acre park located in historic downtown Fort Myers on the scenic banks of the Caloosahatchee River, hosting special events and attracting in excess of 250,000 citizens annually, Refurbishment of the park and restrooms, and replacement of 26 year old equipment will expand the play area and comply with ADA requirements to provide activities for children with special needs. Funds would add amenities including landscaping, pavilions and outdoor programmable spaces.

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	Landscaping, turf reseeding, park and ADA compliant playground equipment and pathway access, public amenity upgrades, electrical	1,500,000

	upgrades and public restroom refurbishment	
TOTAL		1,500,000

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:

The project was adopted as part of the City's 5-year Capital Improvement plan which has a preliminary and final public hearing each year in September.

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?

Refurbishment of the park and restrooms, and replacement of 26 year old equipment will expand the play area and comply with ADA requirements to provide activities for children with unique abilities. Funds would add amenities including landscaping, ADA compliant

pathways, pavilions and outdoor programmable space connected with the new downtown amphitheater as a part of the downtown Fort Myers Luminary Hotel and Convention Center.

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

Funding would provide refurbishment of restrooms, ADA compliant playground equipment and pathways, landscaping, pavilions and outdoor programmable space connected with the new downtown amphitheater and part of the downtown Fort Myers Luminary Hotel and Convention Center.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Access to green spaces and shared community play spaces for fitness, health and general well being	measure the increase in number of fitness-based events and programming
<input checked="" type="checkbox"/> Enrich cultural experience	Access to green spaces conveying the historical significance of the City of Fort Myers, located on the scenic banks of the Caloosahatchee	Increased number of special events and attendees to those events, increase in general and cultural tourism, increase in visitation by those attending conferences at new downtown hotel and convention center
<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	Preservation of green space along the historic banks of the Caloosahatchee	Green space provides stormwater control prior to flowing into the Caloosahatchee
<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	Increased number of special events and attendees to those events, increase in general and cultural	Increased in sales tax revenues and hotel and lodging tax revenues

	tourism, increase in visitation by those attending conferences at new downtown hotel and convention center	generated
<input checked="" type="checkbox"/> Increase tourism	Increased number of special events and attendees to those events, increase in general and cultural tourism, increase in visitation by those attending conferences at new downtown hotel and convention center	Increased in sales tax revenues and hotel and lodging tax revenues generated
<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 checked="" type="checkbox"/> Other (Please describe): Access to ADA compliant playground	Provide ADA Accessible playground equipment and play spaces	Number of visitors who require ADA access facilities

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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,500,000	74.0%	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:	300,000	14.8%	Yes
5. Other:	228,000	11.2%	Yes
TOTAL	2,028,000	100%	

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

No