Appropriations Project Request - Fiscal Year 2022-23

For projects meeting the definition of House Rule 5.14

1. Title of Project: Fun Park - All Inclusive Park for Special Needs Children

2. Date of Submission: 11/17/2021

3. House Member Sponsor: Rene Plasencia

4. Details of Amount Requested:

a. Has funding been provided in a previous state budget for this activity? <u>No</u>

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: | (If appropriated | ear Appropriation for FY 2021-22 in 2021-22 enter the count, even if vetoe | he appropriated | (Requests | Develop New Funds Rec for FY 2022-23 for additional RECURRING fu | • | |
|-----------------------|-------------------------------|--|-----------------------------|--------------------------|--|---|--|
| Column: | Α | В | С | D | E | F | |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated | Recurring Base Budget | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds | |
| Input Amounts: | | | | | 300,000 | 300,000 | |

e. Provide the total cost of the project for FY 2022-23 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 | 300,000 | 47.6% | 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 | 47.6% | Yes |

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| 5. Other | 30,000 | 4.8% | Yes |
|----------|---------|------|-----|
| TOTAL | 630,000 | 100% | |

5. Is this a multi-year project requiring funding from the state for more than one year? No

- 6. Which is the most appropriate state agency to place an appropriation for the issue requested? Agency for Persons with Disabilities
 - a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

All money for this project would be returned to the state.

- 7. Requester:
 - a. Name: Donn Mount
 - b. Organization: <u>North Brevard Rotary Club</u> c. Email: <u>northbrevardrotaryclub@gmail.com</u>
 - d. Phone #: (321)917-5603
- 8. Contact for questions about specific technical or financial details about the project.
 - a. Name: Donn Mount
 - b. Organization: <u>North Brevard Rotary Club</u>c. Email: northbrevardrotaryclub@gmail.com
 - d. Phone #: (321)917-5603
- 9. Registered lobbyist working to secure funding for this project.
 - a. Name: None
 - b. Firm: None
 - c. Email:
 - d. Phone #:
- 10. Organization or Name of entity receiving funds:
 - a. Name: North Brevard Rotary Club

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| o. County (County | where funds | are to be | expended): | : <u>Brevard</u> |
|-------------------|-------------|-----------|------------|------------------|
|-------------------|-------------|-----------|------------|------------------|

c. Service Area (Counties being served by the service(s) provided with funding): Brevard

| 11. What type of organization is the entity that will receive the funds? | |
|--|--|
| O For Profit | |
| ● Non Profit 501(c) (3) | |
| O Non Profit 501(c) (4) | |
| O Local Government | |

O University or College

O Other (Please describe)

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

All money raised for this project would help special needs and disabled children and adults in Brevard County. Currently, the north part of Brevard does not have a special needs playground and this would serve those constituents for that need.

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

| Spending Category | Description | Amount Requested (Should equal 4d, Col. E) |
|---|-------------|---|
| | | Enter "0" if request is zero for the |
| | | category |
| Administrative Costs: | | |
| ☐a. Executive Director/Project Head Salary and Benefits | | |
| ☐b. Other Salary and Benefits | | |
| □c. Expense/Equipment/Travel/Supplies/Other | | |
| ☐d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| ☐e. Salaries and Benefits | | |

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| ☐f. Expenses/Equipment/Travel/Supplies/Other | | |
|---|--|---------|
| ☐g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| ☑h. Construction/Renovation/Land/Planning Engineering | Funding for playground equipment for a special needs park. | 300,000 |
| TOTAL | | 300,000 |

| 14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when comple | 14. | For Fixed Ca | pital Costs red | quested in Qu | estion 13, what t | ype of ownership | o will the facilit | y be under when co | mplet |
|---|-----|--------------|-----------------|---------------|-------------------|------------------|--------------------|--------------------|-------|
|---|-----|--------------|-----------------|---------------|-------------------|------------------|--------------------|--------------------|-------|

- **OFor Profit**
- ONon Profit 501(c) (3)
- ONon Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - OOther (Please describe)
- 15. Is the project request an information technology project?

<u>No</u>

16. 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?

<u>Yes</u>

- a. Please Describe:
 - Letters of support from constituents in Brevard county, 3 Rotary clubs, and other social organizations.
- 17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No

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| 18. | Will the requested funds be used directly for services to citizens? |
|-----|--|
| | <u>Yes</u> |
| | a. What are the activities and services that will be provided to meet the purpose of the funds? All money will be used to construct a facility and purchase equipment for a playground for special needs children and adults. |
| | Describe the direct services to be provided to the citizens by the funding requested. Currently, the north part of Brevard County does not have a special needs park. This money will be used to purchase equipment to help those children and parents. |
| | c. 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 ☑ 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) |

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| d. | How many | in the | target | population | are ex | pected to | be served? |
|----|----------|--------|--------|------------|--------|-----------|------------|
|----|----------|--------|--------|------------|--------|-----------|------------|

O< 25

O25-50

O51-100

O101-200

O201-400

O401-800

⊙>800

19. 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 or outcome |
|-----------------------------|---|---|
| ☑Improve physical health | This park will enhance special needs and disabled individuals lives in this area. Giving these constituents more options for social activities will help improve moral and help them in their day to day lives. | Overall constituent health in Brevard County. |
| ☑Improve mental health | This park will enhance special needs and disabled individuals lives in this area. Giving these constituents more options for social activities will help improve moral and help them in their day to day lives. | Overall constituent health in Brevard County. |
| □Enrich cultural experience | | |

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| □Improve agricultural production/promotion/education | | |
|---|---|---|
| ☑Improve quality of education | This park will enhance special needs and disabled individuals lives in this area. Giving these constituents more options for social activities will help improve moral and help them in their day to day lives. | Overall constituent health in Brevard County. |
| □Enhance/preserve/improve environmental or fish and wildlife quality | | |
| □Protect the general public from harm (environmental, criminal, etc.) | | |
| □Improve transportation conditions | | |
| □Increase or improve economic activity | | |
| ☑Increase tourism | Currently residents have to drive south or out of county since North Brevard does not have a special needs park. | Out of area people traveling to the North Brevard area. |
| □Create specific immediate job opportunities | | |
| ☑Enhance specific individual's economic self sufficiency | Currently residents have to drive south or out of county since North Brevard does not have a special needs park. | Time and gas savings for constituents |
| □Reduce recidivism | | |
| ☐Reduce substance abuse | | |

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| □Divert from Criminal/Juvenile justice system | |
|---|--|
| □Improve wastewater management | |
| □Improve stormwater management | |
| ☐Improve groundwater quality | |
| ☐Improve drinking water quality | |
| □Improve surface water quality | |
| □Other (Please describe): | |