## **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Public-Private Partnership Development Along State Road 7

2. Date of Submission: 02/02/2017

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

- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request  for FY 2017-18  (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	А	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Transportation

- 6. Requester:
  - a. Name: W. Ajibola Balogun
  - b. Organization: City of West Park
  - c. Email: abalogun@cityofwestpark.org
  - d. Phone #: (954)989-2688
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: W. Ajibola Balogun
  - b. Organization: City of West Park
  - c. Email: abalogun@cityofwestpark.org
  - d. Phone #: (954)989-2688
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: <u>Yolanda Jackson</u>b. Firm: Becker & Poliakoff
  - c. Email: yjackson@bplegal.com
  - d. Phone #: (954)985-4132
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: City of West 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)
  - O For Profit
  - O Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - Local Government

O Univer	sity or College
O Other	Please describe

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

This funding will allow for the acquisition of vacant and under-utilized parcels along State Road 7. These vacant and under-utilized parcels were transferred to the City by FDOT for redevelopment, but the City is required to pay FDOT for the value of each parcel transferred, prior to development. This funding would allow the City to bring the properties into viable commercial development and creating jobs.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	This funding would allow the City to bring the properties into viable commercial development and	1,000,000

	creating jobs.	
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal 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.)

Other (Please describe): private/local

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 2016-118 adopted during City Commission meeting on November 16, 2016.

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?

<u>Yes</u>

17a. Describe the target population to be served. 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		
	□Other (Please describe)		
	17b. How many in the target population are expected to be s	erved?	
	O< 25		
	O25-50		
	O51-100		
	O101-200		
	O201-400		
	O401-800		
	<b>⊙</b> >800		
18.	What benefits or outcomes will be realized by the expenditur	e of funds requested? (Select all that ap	plies)
	Benefit or Outcome	Provide a specific measure of the benefit	Describe the method
		or outcome	of be

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		

□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	encourages commercial development and job growth	These vacant and under-utilized parcels were transferred to the City by FDOT for redevelopment
☑Increase tourism	encourages commercial development and job growth	These vacant and under-utilized parcels were transferred to the City by FDOT for redevelopment
☑Create specific immediate job opportunities	encourages commercial development and job growth	These vacant and under-utilized parcels were transferred to the City by FDOT for redevelopment
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□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):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	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	1,000,000	100%	

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