

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Legacy Park Trails - City of Alachua

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Charles Clemons

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<br>for FY 2016-17<br><i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2017-18<br><i>(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 .)</i> |  |  |
|--------------------|---|-------------------------------|---|--|--|--|
|                    | Column:   | A                             | B   | C  | D                                      | E  |
| Funds Description: | Prior Year Recurring Funds  | Prior Year Nonrecurring Funds | Total Funds Appropriated<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><i>(Will equal non-vetoed amounts provided in Column A)</i>   | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring Request</b><br><i>(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.)</i> |
| Input Amounts:     |   |                               |   |  | 500,000                                | 500,000  |

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 Environmental Protection

6. Requester:

- a. Name: Traci Gresham
- b. Organization: City of Alachua
- c. Email: tgresham@cityofalachua.com
- d. Phone #: (386)418-6100

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Adam Boukari
- b. Organization: City of Alachua
- c. Email: aboukari@cityofalachua.com
- d. Phone #: (386)418-6100

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

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

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 City of Alachua will construct multi-use walkways and trails throughout its 105-acre public Legacy Park, including pavilions for outdoor activities, which will complement the City's locally-funded \$8 million 40,000 square foot, multipurpose facility completed in spring 2017. The trail project will connect passive recreation and active recreation through the multipurpose facility and adjoining 25 acres of facilities including playgrounds, sports fields & courts, splash park and skate park.

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

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. F)<br>Enter ?0? if request is zero for the<br>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 | Design and construction services for the multi-use walkways, trails and pavilions throughout the 105-acre | 500,000   |

|       |             |         |
|-------|-------------|---------|
|       | Legacy Park |         |
| TOTAL |             | 500,000 |

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)

- 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 City of Alachua's Parks & Recreation Advisory Board (April 6, 2015), Senior Resources Advisory Board (May 6, 2015), Youth Advisory Council (July 8, 2015), and the City Commission (Jan. 26, 2015; Aug. 24, 2015; Oct. 26, 2015) held several public hearings during the development of the Legacy Park Master Plan.

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. 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 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 all 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 | Reduced weight; reduced blood pressure, improved cholesterol. | Unlike City recreation programs to enroll citizens in free health awareness and tracking, by logging days/times walkways/trails are used and partnering with local healthcare providers, to document improvements in weight, blood pressure and |

|   |  |              |
|---|--|--------------|
|   |  | cholesterol. |
| <input type="checkbox"/> Improve mental health  |  |              |
| <input type="checkbox"/> Enrich cultural experience   |  |              |
| <input type="checkbox"/> Improve agricultural production/promotion/education                  |  |              |
| <input type="checkbox"/> Improve quality of education   |  |              |
| <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 type="checkbox"/> Increase or improve economic activity                                |  |              |
| <input type="checkbox"/> Increase tourism   |  |              |
| <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 type="checkbox"/> 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<br>(Automatically Calculates) | Are the other sources of<br>funds guaranteed in<br>writing? |
|--|-----------|--|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 500,000   | 5.9%   | 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:  | 8,000,000 | 94.1%  | Yes   |
| 5. Other:  | 0         | 0.0%   | No  |
| TOTAL  | 8,500,000 | 100%   |   |

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

No