

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2026-27
For projects meeting the definition of House Rule 5.14

1. Title of Project: Coconut Creek Northeast Utilities Expansion

2. Date of Submission: 11/21/2025 3:14:17 PM

3. House Member Sponsor: Christine Hunschofsky

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2025-26 <i>(If appropriated in 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27		
	Column: A	B	C	D	E	F
Funds Description:	Recurring Funds	Nonrecurring Funds	Total Funds Appropriated	Operations	Fixed Capital Outlay	TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts:					550,000	550,000

e. Provide the total cost of the project for FY 2026-27 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	550,000	40.7%	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	800,000	59.3%	Yes

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5. Other	0	0.0%	No
TOTAL	1,350,000	100%	

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

No

6. Is this project related to relief or recovery from a natural disaster?

No

7. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Environmental Protection

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding and inability to complete the project this fiscal year.

8. Requester:

a. Name: Bernadette Hughes

b. Organization: City of Coconut Creek

c. Email: bhughes@coconutcreek.net

d. Phone #: (954)956-1520

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

a. Name: Randall Blanchette

b. Organization: City of Coconut Creek

c. Email: rblanchette@coconutcreek.net

d. Phone #: (954)973-6786

10. Registered lobbyist working to secure funding for this project.

a. Name: Lauren A. Jackson

b. Firm: Ericks Consultants Inc

c. Email: lauren.andyj@gmail.com

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2026-27
For projects meeting the definition of House Rule 5.14

d. Phone #: (931)265-8999

11. Organization or Name of entity receiving funds:

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

12. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c)(3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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

The requested funds will support the design and construction of wastewater system improvements north of Hillsboro Boulevard between Lyons Road and NW 39th Avenue. The project will expand system capacity, serve existing development, and enable septic-to-sewer conversions, improving public health, groundwater protection, and long-term utility reliability. The area it will serve contains several developments, a business and a large private school.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. F) 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		

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<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 of expanded wastewater infrastructure	550,000
TOTAL		550,000

15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

16. Is the project request an information technology project?

N/A

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17. 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

a. Please Describe:

This project is included in the City's adopted Capital Improvement Plan, approved by the City Commission.

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

19. Will the requested funds be used directly for services to citizens?

N/A

20. 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
<input type="checkbox"/> Improve physical health		
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduced risk of environmental contamination and infrastructure failures due to over-capacity wastewater lines	Compliance reporting, capacity testing, and FDEP permit benchmarks

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<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduced risk of environmental contamination and sewer overflows due to limited capacity	Capacity modeling and compliance with FDEP regulations
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Utility capacity to meet future development needs and support commercial and school growth in the service area	Tracking new connections, permit activity, and utility capacity increases
<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 checked="" type="checkbox"/> Improve wastewater management	Increased wastewater system capacity and elimination of septic systems in the project area	Flow monitoring, number of properties connected to City sewer, and reduction of septic system usage
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction in potential nutrient and bacteria seepage from septic and aging municipal systems into	Monitoring groundwater quality and tracking septic-to-sewer conversions

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	groundwater	
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Increase Utility System Resilience	Expanded capacity and redundancy in wastewater infrastructure serving the area	System modeling, flow monitoring, and compliance with state reliability standards

21. Have you applied for alternative state funding?

- a. Wastewater Revolving Loan
- b. Drinking Water Revolving Loan
- c. Small Community Wastewater Treatment Grant
- d. Resilient Florida Grant
- e. Water Quality Improvement Grant
- f. Other (Please describe)
- g. N/A

22. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

23. What is the status of construction?

- a. Ready
- b. Not Ready

24. What percentage of construction has been completed?

0

25. What is the estimated completion date of construction?

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06/24/2027

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For projects meeting the definition of House Rule 5.14

1. Title of Project: Coconut Creek Public Courtyard Renovations

2. Date of Submission: 11/21/2025 1:37:00 PM

3. House Member Sponsor: Christine Hunschofsky

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2025-26 <i>(If appropriated in 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27			
	Column: Funds Description:	A Recurring Funds	B Nonrecurring Funds	C Total Funds Appropriated	D Operations	E Fixed Capital Outlay (FCO)	F TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts:						593,000	593,000

e. Provide the total cost of the project for FY 2026-27 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	593,000	50.0%	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	593,000	50.0%	Yes

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5. Other	0	0.0%	No
TOTAL	1,186,000	100%	

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

No

6. Is this project related to relief or recovery from a natural disaster?

No

7. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Commerce

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding and inability to complete the project this fiscal year.

8. Requester:

a. Name: Bernadette Hughes

b. Organization: City of Coconut Creek

c. Email: bhughes@coconutcreek.net

d. Phone #: (954)956-1520

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

a. Name: Harry Mautte

b. Organization: City of Coconut Creek

c. Email: hmautte@coconutcreek.net

d. Phone #: (954)973-6780

10. Registered lobbyist working to secure funding for this project.

a. Name: Lauren A. Jackson

b. Firm: Ericks Consultants Inc

c. Email: lauren.andyj@gmail.com

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d. Phone #: (931)265-8999

11. Organization or Name of entity receiving funds:

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

12. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c)(3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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

The requested funds will support needed renovations and redesign of the city services courtyard and parking lot to better accommodate daily operations and expand public use. Renovations include a reconfiguration of parking to increase capacity and circulation, enhanced outdoor gathering space, construction of a sidewalk for public access to memorial art installations, and needed lighting, landscaping, shade structures, accessibility upgrades. Design services awarded, construction planned.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. F) 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		

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<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	Courtyard renovation, sidewalk construction, outdoor event space improvements, lighting, shade, and parking lot reconfiguration	593,000
TOTAL		593,000

15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

16. Is the project request an information technology project?

No

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17. 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

a. Please Describe:

This project is included in the City's adopted Capital Improvement Plan (CIP), approved by the City Commission. Also, supported by the Parks Master Plan that focused on providing multiple uses for areas that are underutilized. (ie the City Hall Complex is not occupied for business on the weekends and makes a perfect addition as a venue for outdoor performances. Design services were awarded in FY25.

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

19. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the funds?

Renovation of the public courtyard and parking lot to support public events, community programs, and daily City operations.

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

Provides safe, accessible outdoor space for public events, civic engagement, community programs, and gatherings.

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)

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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)

d. How many in the target population are expected to be served?

< 25
 25-50
 51-100
 101-200
 201-400
 401-800
 >800

20. 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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Increased capacity and usability of outdoor event space and improved access of memorial art installations - including a one-of-a-kind Holocaust Memorial, Tree	Event attendance counts and facility usage reports

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	of Life Marjory Stoneman Douglas Memorial, and more.	
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved accessibility and pedestrian circulation	ADA compliance and inspection reports
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	More events, attendees, and vendor participation	Special event permits and revenue tracking
<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		

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<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improve accessibility of government services	Increased operational space for public engagement with government services	Parking capacity and circulation, program participation and event scheduling

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1. Title of Project: Coconut Creek Recreational Facility Repairs

2. Date of Submission: 11/21/2025 11:44:29 AM

3. House Member Sponsor: Christine Hunschofsky

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2025-26 <i>(If appropriated in 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27		
	Column: A	B	C	D	E	F
Funds Description:	Recurring Funds	Nonrecurring Funds	Total Funds Appropriated	Operations	Fixed Capital Outlay	TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts:					260,000	260,000

e. Provide the total cost of the project for FY 2026-27 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	260,000	50.0%	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	260,000	50.0%	Yes

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5. Other	0	0.0%	No
TOTAL	520,000	100%	

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

No

6. Is this project related to relief or recovery from a natural disaster?

No

7. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Environmental Protection

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding and inability to complete the project this fiscal year.

8. Requester:

a. Name: Bernadette Hughes

b. Organization: City of Coconut Creek

c. Email: bhughes@coconutcreek.net

d. Phone #: (954)956-1520

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

a. Name: Harry Mautte

b. Organization: City of Coconut Creek

c. Email: hmautte@coconutcreek.net

d. Phone #: (954)973-6780

10. Registered lobbyist working to secure funding for this project.

a. Name: Lauren A. Jackson

b. Firm: Ericks Consultants Inc

c. Email: lauren.andyj@gmail.com

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d. Phone #: (931)265-8999

11. Organization or Name of entity receiving funds:

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

12. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c)(3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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

The roofs of several City-owned facilities are at the end of their useful life. State funds will assist the City in expediting needed replacements of roofs at Gerber Park Bathroom Building and Sabal Pines Park Dugouts (8) and Gerber Park Dugouts (2), which are used by families and youth throughout the City as well as neighboring municipalities.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. F) 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		

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<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	Roof replacement to support safety, continuity, and resilience.	260,000
TOTAL		260,000

15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

16. Is the project request an information technology project?

No

17. 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

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a. Please Describe:

This is a part of the City's roof replacement program that has been reviewed and approved by the City Commission through the long term CIP process. This project is included in the City's adopted Capital Improvement Plan and is funded 50% locally, demonstrating financial commitment and support.

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

19. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the funds?

This will provide for replacements at Gerber Park Bathroom Building and Sabal Pines Park Dugouts (8) and Gerber Park Dugouts (2).

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

Continuity of operations and services , safety, and resilience of recreational facilities that are used by families and youth.

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
- University/college students
- Currently or formerly incarcerated persons

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Drug offenders (in criminal Justice)
 Victims of crime
 General (The majority of the funds will benefit no specific group)
 Other (Please describe)

d. How many in the target population are expected to be served?

< 25
 25-50
 51-100
 101-200
 201-400
 401-800
 >800

20. 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
<input checked="" type="checkbox"/> Improve physical health	Ensures public restrooms and park facilities remain open and safe for visitors, which enables opportunities for families and youth to participate in physical and athletic activities that improve physical health.	Inspection reports and facility uptime tracking.
<input checked="" type="checkbox"/> Improve mental health	Ensures public restrooms and park facilities remain open and safe for visitors, which enables opportunities for families to participate in physical activities	Inspection reports and facility uptime tracking.

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	that benefit mental health and overall wellbeing.	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Maintains safe environments for student athletics and outdoor education programs.	Number of youth participants and facility usage hours.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Maintains safe, structurally sound City facilities for public use and recreation.	Building inspections and compliance with Florida Building Code.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Supports special event activity at Sabal Pines Park.	Event permits and attendance.
<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		

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<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):		

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For projects meeting the definition of House Rule 5.14

1. Title of Project: Coconut Creek Stormwater Infrastructure Improvements

2. Date of Submission: 11/21/2025 1:51:27 PM

3. House Member Sponsor: Christine Hunschofsky

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2025-26 <i>(If appropriated in 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27			
	Column: Funds Description:	A Recurring Funds	B Nonrecurring Funds	C Total Funds Appropriated	D Operations	E Fixed Capital Outlay	F TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts:						487,500	487,500

e. Provide the total cost of the project for FY 2026-27 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	487,500	50.0%	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	487,500	50.0%	Yes

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5. Other	0	0.0%	No
TOTAL	975,000	100%	

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

No

6. Is this project related to relief or recovery from a natural disaster?

No

7. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Environmental Protection

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding.

8. Requester:

a. Name: Bernadette Hughes

b. Organization: City of Coconut Creek

c. Email: bhughes@coconutcreek.net

d. Phone #: (954)956-1520

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

a. Name: Randall Blanchette

b. Organization: City of Coconut Creek

c. Email: rblanchette@coconutcreek.net

d. Phone #: (954)973-6786

10. Registered lobbyist working to secure funding for this project.

a. Name: Lauren A. Jackson

b. Firm: Ericks Consultants Inc

c. Email: lauren.andyj@gmail.com

d. Phone #: (931)265-8999

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11. Organization or Name of entity receiving funds:

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

12. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c)(3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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

Citywide stormwater infrastructure and canal shoreline restoration and rehabilitation and dredging will increase stormwater delivery capacity and reduce canal embankment failure due to erosion and potential settlement. Restoration of stormwater infrastructure and canals, earthen embankments and envisioned improvements to their resiliency is necessary to protect the community, property and the environment, while preserving drainage basins and the canal systems as intended.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. F) 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		

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<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	Services to provide equipment, labor and materials for infrastructure restoration including pipe lining, pipe removal and replacement, canal embankment restoration, and dredging by third party vendors.	487,500
TOTAL		487,500

15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

16. Is the project request an information technology project?

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N/A

17. 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?

No

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

19. Will the requested funds be used directly for services to citizens?

N/A

20. 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
<input type="checkbox"/> Improve physical health		
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Protection of the ecosystem which thrives within and around the canal system.	Measurement is based on actual conditions. Maintaining a well-balanced ecosystem.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reducing erosion and safeguarding adjacent	Measurement is based on actual conditions and the total

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	infrastructure such as buildings and roadways.	community cost associated with damage due to adjacent infrastructure such as buildings and roadways.
<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 checked="" type="checkbox"/> Improve stormwater management	Improved stormwater conveyance through inlets, pipes, culverts and canals.	Increased level of service through reduced erosion and flooding.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Increase water storage capacity by rehabilitating existing infrastructure and improving	Decrease in nutrient load during the rainy season through adequate conveyance.

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	conveyance system.	
<input type="checkbox"/> Other (Please describe):		

21. Have you applied for alternative state funding?

- a. Wastewater Revolving Loan
- b. Drinking Water Revolving Loan
- c. Small Community Wastewater Treatment Grant
- d. Resilient Florida Grant
- e. Water Quality Improvement Grant
- f. Other (Please describe)
- g. N/A

22. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

23. What is the status of construction?

- a. Ready
- b. Not Ready

24. What percentage of construction has been completed?

0

25. What is the estimated completion date of construction?

10/01/2027

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1. Title of Project: Coconut Creek Wastewater Infrastructure Improvements

2. Date of Submission: 11/21/2025 2:14:22 PM

3. House Member Sponsor: Christine Hunschofsky

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2024-25
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2025-26 <i>(If appropriated in 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27			
	Column: Funds Description:	A Recurring Funds	B Nonrecurring Funds	C Total Funds Appropriated	D Operations	E Fixed Capital Outlay	F TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts:						350,000	350,000

e. Provide the total cost of the project for FY 2026-27 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	350,000	50.0%	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	350,000	50.0%	Yes

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5. Other	0	0.0%	No
TOTAL	700,000	100%	

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

No

6. Is this project related to relief or recovery from a natural disaster?

No

7. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Environmental Protection

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Failure to meet deliverables or performance measures provided in the contract will result in reduction or total loss of funding.

8. Requester:

a. Name: Bernadette Hughes

b. Organization: City of Coconut Creek

c. Email: bhughes@coconutcreek.net

d. Phone #: (954)956-1520

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

a. Name: Randall Blanchette

b. Organization: City of Coconut Creek

c. Email: rblanchette@coconutcreek.net

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a. Name: Lauren A. Jackson

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11. Organization or Name of entity receiving funds:

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

12. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c)(3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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

The wastewater system within the City is aging and the City is conducting inspection and rehabilitation of wastewater conveyance structures to reduce inflow and infiltration issues related to deterioration of existing structures. State funds will be used to expedite the rehabilitation process to minimize the potential of environmental hazards caused by aging infrastructure, which could negatively impact the existing impaired water body: the C-14 Canal.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. F) 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		

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<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	Inspection and rehabilitation of the wastewater conveyance structures to reduce inflow and infiltration issues related to deterioration of existing structures and to mitigate environmental hazards caused by aging infrastructure.	350,000
TOTAL		350,000

15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- School District
- State Agency
- University or College
- Other (Please describe)

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16. Is the project request an information technology project?

N/A

17. 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

a. Please Describe:

Approved by City Commission as part of the FY26 Budget; which included the Capital Improvement Program that contains this project.

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

19. Will the requested funds be used directly for services to citizens?

N/A

20. 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
<input type="checkbox"/> Improve physical health		
<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		

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<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Inspections and repairs will mitigate exfiltration of wastewater into the groundwater due to aging infrastructure, which could negatively impact the existing impaired water body, WBID 3270, also known as the C-14 "Cypress Creek" Canal.	The number of wastewater overflows and breaks are reported annually as part of the NPDES permit.
<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 checked="" type="checkbox"/> Improve wastewater management	Inspections and repairs will mitigate exfiltration of wastewater into the groundwater due to aging infrastructure, which could negatively impact the existing impaired water body, WBID 3270, also known as the C-	The number of wastewater overflows and breaks are reported annually as part of the NPDES permit.

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	14 "Cypress Creek" Canal.	
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Inspections and repairs will mitigate exfiltration of wastewater into the groundwater due to aging infrastructure, which could negatively impact the existing impaired water body, WBID 3270, also known as the C-14 "Cypress Creek" Canal.	The number of wastewater overflows and breaks are reported annually as part of the NPDES permit.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Inspections and repairs will mitigate exfiltration of wastewater into the groundwater due to aging infrastructure, which could negatively impact the existing impaired water body, WBID 3270, also known as the C-14 "Cypress Creek" Canal.	The number of wastewater overflows and breaks are reported annually as part of the NPDES permit.
<input type="checkbox"/> Other (Please describe):		

21. Have you applied for alternative state funding?

- a. Wastewater Revolving Loan
- b. Drinking Water Revolving Loan
- c. Small Community Wastewater Treatment Grant
- d. Resilient Florida Grant
- e. Water Quality Improvement Grant

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f. Other (Please describe)

g. N/A

22. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

23. What is the status of construction?

- a. Ready
- b. Not Ready

24. What percentage of construction has been completed?

0

25. What is the estimated completion date of construction?

10/01/2027