



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** YMCA Safety Around Water

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

The program teaches drowning prevention to kids in underserved under-resourced areas.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	250,000	50.0%
Other	0	0.0%
TOTAL	250,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$250,000

11. Program Performance:

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

To teach drowning prevention to under served and under resourced kids.

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

Swim program curriculum of 8 lessons with a capstone test that confirms mastery of the lessons. Transportation will be provided as necessary as will swimsuits to those in need.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Director	17,500
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1 FTE Program Director	45,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Grants awarded to Local YMCAs & Partners to offer YMCA Safety Around Water, assist in a Statewide Water Safety Campaign, Statewide Aquatics Training(s) to build common terminology and advocates for Water Safety Programs. Establishment of Drowning Prevention Task Forces.	185,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Fiscal Agent	2,500
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

d. What are the direct services to be provided to citizens by the appropriations project?

Education in the form of swim lessons and drowning prevention techniques.

e. Who is the target population served by this project? How many individuals are expected to be served?

Children aged 4 -14. Number expected to be served - 2,375

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Expected benefit is to have more kids that are equipped with drowning prevention strategies. Participants will be tested at the end of the program. The number that pass will serve as the measurement.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Withholding funds for deliverables not met.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: John Trombetta

b. Organization: Florida State Alliance of YMCAs



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- c. **Email:** john@floridymcas.org
- d. **Phone Number:** [\(850\)320-8319](tel:(850)320-8319)

14. Recipient Contact Information:

- a. **Organization:** [Florida State Alliance of YMCAs Foundation](#)
- b. **County:** [Pinellas](#)
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** [John Trombetta](#)
- e. **E-mail Address:** John@floridaymcas.org
- f. **Phone Number:** [\(850\)320-8319](tel:(850)320-8319)

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

- a. **Name:** [Chris Dudley](#)
- b. **Firm:** [Southern Strategy](#)
- c. **Email:** dudley@sostrategy.com
- d. **Phone Number:** [\(850\)320-3801](tel:(850)320-3801)