



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3675

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

YMCA of the Suncoast Citrus Memorial Health Foundation Branch opened in 2016 and quickly became the center of community activity within the County. Funds are being sought to expand the facility to serve a continually growing Active Older Adult population with specific programs, classes, and services. The current facility is at a maximum capacity, and the Y would like to add an additional 5,000 square feet of inside space and 7,500 of outside, covered space.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	91%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	9%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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YMCA of the Suncoast applied for and received a forgivable PPP loan of \$2,707,723 under the CARES Act and received notice of the legal release of the obligation in April 2022. The YMCA qualified for the Employee Retention Credit and received \$3,616,721. The YMCA received federal CARES funds passed through the State of Florida and the Division of Early Learning, designated for Early Learning Readiness providers in the form of Child Care Stabilization subgrants.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

TBD

d. What is the estimated completion date of construction?

06/30/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

YMCA of the Suncoast, Inc are the owners and the applicant requesting fixed capital outlay funding.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design, planning, engineering, permitting, construction, and furnishings of 5,000 square feet of inside space and 7,500 of outside, covered space	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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



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

Direct services include programs and activities that are geared toward the Active Older Adult population, specifically healthy living programs, group exercise classes, pickleball, and social programs that combat senior loneliness. Family support services, youth development programs, preschool programs, teen leadership programs, basketball, and educational activities would also be provided.

**c. What direct services will be provided to citizens by the appropriation project?**

Direct services include programs and activities that are geared toward the Active Older Adult population, specifically healthy living programs, group exercise classes, pickleball, and social programs that combat senior loneliness. Family support services, youth development programs, preschool programs, teen leadership programs, basketball, and educational activities would also be provided.

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

The target population served by this project are the general citizens of Citrus County; specifically active older adults, persons with poor mental health, persons with poor physical health, at risk youth and teens, high school students, grade school students.

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

Citrus County residents will improve their physical health, mental health, combat loneliness, and youth and teens will be involved in positive programs by utilizing the YMCA group exercise classes, wellness center, multipurpose rooms, and outdoor recreational opportunities.

**f. 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 the contract?**

Failing to meet the deliverables will result in the agency being put on corrective action. Penalties could include, but are not limited to, the agency returning funds if not used in a timely manner per the contract agreement.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**