



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1584

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Camp Gilead is requesting supplemental funds to renovate its gymnasium. Camp Gilead's gymnasium was built in the early 1970's and is currently enclosed but open air. The project description will include the current gymnasium to be renovated with the addition of HVAC, lighting, windows, bleachers, flooring, wall padding, ceiling, fire suppression and a new roof.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 0              |
| Fixed Capital Outlay               | 500,000        |
| <b>Total State Funds Requested</b> | <b>500,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 500,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2022-23                  | 0         | 500,000      | 2286A                       | No     |

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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PPP round 1 : \$41,453 (payroll)  
 PPP round 2 : \$58,034 (payroll)

## 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

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

Yes

c. What is the estimated start date of construction?

09/01/2023

d. What is the estimated completion date of construction?

07/31/2024

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.

None

### 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                      | Camp Gilead is requesting supplemental funds to renovate its gymnasium. Camp Gilead's gymnasium was built in the early 1970's and is currently enclosed but open air. The project description will include the current gymnasium to be renovated with the addition of HVAC, lighting, windows, bleachers, flooring, wall padding, ceiling, fire suppression and a new roof. | 500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>500,000</b> |

### 14. Program Performance

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



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Camp Gilead is requesting supplemental funds to renovate its gymnasium which was constructed in the early 1970s. Camp Gilead's gymnasium is the only gym in Polk City. The goal is to increase recreational opportunities for the youth and families in Polk City. In the past, Camp Gilead has attempted to use the gym for recreational leagues, but its use was and is limited to daylight hours with not as much night time use due to mosquitoes, improper lighting, and heat since it is open air and doesn't have HVAC to accommodate the participants.

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

The investment into this gymnasium renovation will allow many opportunities for our community to hold youth and adult recreation leagues, give participants opportunities to exercise and play while interacting with others, provide a place to train youth and adults with self-confidence and character with the goal of keeping them connected to each other so opportunities of criminal activities diminish.

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

This investment will allow direct services at Camp Gilead to occur via summer camp programming and retreats, workshops, conferences, and recreational leagues throughout the year for grade through high school students, college students, and adults. Activities will occur to encourage spiritual, physical, social, and emotional growth through character building while fostering leadership development among the participants.

**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 will include, but is not limited to grade school through high school students, college students and adults. Camp Gilead also serves local at-risk youth, foster care children, and children having one or both parents incarcerated. Upon completion of the gymnasium renovation, Camp Gilead will be able to use it to serve approximately 4,000 persons annually.

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

The expected benefit of this project will be that participants will come to Camp Gilead and separate themselves from distractions, be encouraged, and equipped to flourish as sound (physically, spiritually, emotionally, and mentally) productive leaders in their corresponding communities. A survey tool or evaluation will collect data as a means to provide both objective and subjective feedback about events that occurred. The information obtained from the responses will guide and determine areas needing to be addressed for upcoming events.

**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?**

Penalties for failing to meet deliverables or performance measures provided for in the aforementioned contract and as stated in this document seem to be sufficient. Camp Gilead possesses a strong understanding of the expectations related to the project, its performance, and deliverables. Camp Gilead is prepared to meet the expectations to adjust implementation plans, and provide all necessary information and documentation to demonstrate a good faith effort to meet department requirements.

**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**



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