



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1511

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State funding will support the renovation and rebuild of the exterior of the Community Center, which will enable new services (w/ help of local partners) to be established on-site. These services will include a health clinic with community partner Brevard Health Alliance and early childhood education provided with community partner Bezos Academy. With commitments from both partners, the center can provide much needed services to an underserved portion of the Cocoa community. The city is seeking funding to make the building a usable space for the community partners. Community partners will retrofit the interior space to fit their needs.

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 | 2,500,000 |
| Total State Funds Requested | 2,500,000 |

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) | 2,500,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 2,500,000 | 100% |

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?



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

\$3,881,979 was received as part of the CSLFRF allocations, and has been spent on government services.

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?

2025

d. What is the estimated completion date of construction?

2026

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.

City of Cocoa - entity

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

| Spending Category | Description | Amount |
|--|---|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Funds will be spent on necessary renovations and modernization of the former, currently unused, Dr. Joe Lee Smith Community Center. | 2,500,000 |
| Total State Funds Requested (must equal total from question #6) | | 2,500,000 |

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?

The funds will be used to renovate the Community Center, with the intention of making the space available for the use of healthcare services and free childcare. The community partners will invest in making the interior space usable for their needs.

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

The renovations are intended to provide a space where the aforementioned community services are to be hosted.

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

The population of Diamond Square and surrounding neighborhoods are economically disadvantaged and struggle to reach good outcomes in adulthood. Children, adults, and seniors are all demographics that the city intends to aid with this project, as are people of poor physical, mental, and financial health. The city anticipates serving thousands of people every year.

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

The city expects to improve the quality of life of the Diamond Square community by providing services historically unprovided to them. Outcome will be measured by the number of people served in classes, seminars, or appointments. Additional measures include frequency and consistency of services provided.

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?

Failure to meet deliverable or performance measures could result in forfeiture of funds, mainly if construction is not completed sufficiently or timely.

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