



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3328

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Renovate existing six lane therapy pools and controls. Design permit and construct USA design competitive pool to include, if feasible, solar heating and additional parking. In Fiscal Year 2022/2023, \$3 million was appropriated for this project. Due to the substantial appreciation in the cost of materials and labor since estimates were first obtained for the project in the first quarter of 2022, the need of no more than \$1 million in the 2nd phase funding is requested to complete this project.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	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 2024-2025</b>	<b>1,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	3,000,000	243A	No

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

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

N/A

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

Yes



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

The Arc of Putnam County received a Federal Protection Program Forgivable Loan (PPP) in the amount of \$647,900, which was expended on staff salaries and fringe benefits for retention and recruiting. In addition, Federal Medical Assistance Percentage (FMAP) funds were received in the amount of \$1,000,000 from Florida's Agency for Persons with Disabilities for staff retention, incentive pay and training.

## 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?

2024

d. What is the estimated completion date of construction?

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.

The Arc of Putnam County is a 501 (C) 3 organization. Since 1974, The Arc of Putnam County has provided advocacy, individually tailored living environments, meaningful day activities, work training, and employment services to enable people with intellectual and developmental disabilities to achieve their full potential and enrich our community.

### 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	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds desired to complete a project that is currently funded by an appropriation in FY 23/24. One Million dollars used to finish renovation project of Day Training Center, which will provide improved ADA accessibility to this vulnerable population and expansion of pool lanes at the Aquatic Center. The aquatic center is managed by Putnam County, which offers an array of swimming programs to the general public.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>



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#### 14. Program Performance

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

Renovate and expand adult day training facility serving persons with developmental and intellectual disabilities. Facility houses Life Skills Development, Supported Living, Employment and Psychosocial Rehabilitation programs. Provide generator power, expand food storage and prep areas to better serve as a shelter during emergency. Repair community therapy and lap pools and add lanes "USA Swimming" design criteria pool to increase capacity for competitive and community swimming.

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

Expanded services will be provided for adults with developmental and intellectual disabilities. This facility will shelter residents with developmental disabilities with generator power and food preparation and storage capacity during extreme weather events. Repaired and expanded pools will increase the capacity for competitive and community swimming while serving people with disabilities.

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

Life Skills Development, wellness, supported living and employment programs serving Arc consumers will expand. Expanded Arc day program/ pool facilities allow for increased access to training, exercise and recreation. Swim clubs and schools can host larger events with more participants. Senior's water aerobics can be offered concurrently with youth swim. Community wellness will increase.

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

Elderly, persons with poor mental and physical health, unemployed and economically disadvantaged persons, at-risk youth, developmentally and physically disabled, K-12 school students, as well as post secondary students. More than 800 in total will be served.

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

Improve mental and physical health: Measure increase in participants who engage in programs offered by the Arc and increase in the of pool related activities which can occur simultaneously allowing the community to have more access to this fitness and recreation resources such as swim lessons and water aerobics.  
 Increase in number of participants in behavioral health and swim related activities by documenting frequency of usage and training opportunities.  
 Improve quality of education: Through enhanced size and scope of programming, increase the number of persons participating in training programs and swim activities. Measure by collecting and comparing current usage data with ongoing usage data after project completion.  
 Protect the general public from harm: Increase number of certified lifeguards serving community measured by training.  
 Increasing tourism: Compare the number of swim events which are hosted with out of town participants before and after the renovation/addition.

**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 spend funds will result in funds being returned to the state.

#### 15. Requester Contact Information

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

**b. Organization**

**c. E-mail Address**

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

#### 16. Recipient Contact Information



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a. Organization

b. Municipality and County

**c. Organization Type**

- 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