



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3605

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide programs: Health/Wellness to provide medical screening/resources/classes; Recreation addressing health issues and provide physical activities for all age groups; Reading club for youth with a certified reading instructor; African/Caribbean Dance under the consultation of a nationally recognized dancer; Farm to Table- individuals will be trained how to grow/cook health foods; STEM program to expose youths to STEM activities that address the NextGen standards; Civil Rights museum creation; and transportation program to the site.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	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)	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	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.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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	Executive Director, Administrative Assistant, Office Manager, Targeted Case Management Supervisor	100,000
Expense/Equipment/Travel/Supplies/Other	Office supplies, Equipment, Marketing Printed Material, Subscriptions and fees, Social, Technology software, Internet and Phones, Furniture, Liability Insurance, Travel to various activities and county offices.	400,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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



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The program will provide a means for being proactive in the reduction of health issues via physical exercise; indirect impact on the reduction of crime by providing especially youth a place to go and conduct constructive activities; reduction of healthy food desert; increased access to cultural events and activities, and enhanced ability for the community to get to the events and health care.

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

Health and Wellness programs; Recreation programs for all age groups; Farm to Table program; transportation; STEM Gym for science, technology, engineering and math activities; Civil Rights museum; African and Caribbean dance program, reading program, and a transportation program.

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

Access to a gymnasium and recreational programs, access to a commercial kitchen for training how to cook healthy foods, access to a community garden/ increase access to healthy foods and training how to grow healthy foods, access to STEM activities that address standards being taught in the classroom, access to cultural events via dance and museum, access to reading program to improve reading and comprehension skills, increase income opportunities for vendors and contractors, increase job opportunities to maintain and operate facility, increase number of individuals taking a field trip for the STEM activities and Civil Rights museum and transportation to provide a means for accessing the programs.

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

Citizens of Havana, Midway, Richbay, Hinson, Jamison, Gibson, Coon Bottom, Quincy and Tallahassee. More than 5,000.

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

Improved health outcomes for the community through health and diet education. Additionally, the project will provide physical activities for all age groups which studies have shown lead to increased positive health outcomes for those involved.

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?

If awarded any funds requested by the HCDC, the HCDC should be required to have an indemnification or "claw back" provision in any contract with the State, requiring indemnification by both the HCDC and the contractor performing the scopes of work called for under the contract.

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)



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- 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