



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Lealman Community Center Completion

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

Funding to Complete Fiscal Year 2017-18 Appropriation for Lealman Community Center. Lealman is a unincorporated, high poverty, high crime area that is in need of essential community services and recreation. This community center will serve the 19,000 at-risk population with athletic programs, cultural events, and as a meeting point for community services. A recent needs assesment of over 15 local community organizations collaborated to identify over 35 community needs and ranked the Lealman Community as its highest priority. \$2 million was appropriated in Fiscal Year 2017-18 and this Fiscal Year's 2018-19 request for \$2 million will complete the project. Without this appropriation the state funded project will be unfinished.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,000,000	2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1



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- c. What is the most recent fiscal year the project was funded? 2017-18
d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			2,000,000
			2,000,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Complete and finish a Community Center in the high poverty, high crime area of Lealman, FL, located in Pinellas County.

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

Improve physical health, enrich cultural experiences, improve the quality of education, and divert individuals from the criminal/juvenile justice system.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Building renovation	2,000,000
TOTAL		2,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Space for athletics, public space for events, onsite tutoring, and increased child care.

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

Elderly persons, persons with poor physical health, economically disadvantaged persons, grade school students and high school students.

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

Space for athletics and public space for events. Attendance in athletic programs and other events.

g. 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 in the contract?

Withholding of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Lealman Community District Services.

13. Requestor Contact Information:

- a. **Name:** Neal Brickfield
- b. **Organization:** Lealman Community District Services
- c. **Email:** nbrickfield@gmail.com
- d. **Phone Number:** (727)692-0783

14. Recipient Contact Information:

- a. **Organization:** Lealman Community District Services
- b. **County:** Pinellas
- c. **Organization Type:**
 - ☐ For Profit



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☒ Non Profit 501(c) (3)

☐ Non Profit 501(c) (4)

☐ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Neal Brickfield

e. E-mail Address: nbrickfield@gmail.com

f. Phone Number: (727)692-0783

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: