



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Orange County John H. Bridges Community Center Improvement

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

The Bridges Center is the only service center in South Apopka (an unincorporated area). South Apopka was one of the original areas settled in Orange County and was the home of many African American families that worked in the citrus industry. After all of the package plants closed, many families remained. The area has seen its challenges with poverty and crime, but has been improving overtime due to the dedication of its citizens. The Bridges Center is the place where families come to receive services such as job training, financial assistance, child care, after school care, social and health services, as well as social gatherings. The purpose of this improvement is to add electronic signage to the center so that residents can be better informed of services and programs at the center that can benefit their households.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Economic Opportunity

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
	40,000	40,000

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):** 40,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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?

Increased access to programs that benefit low income families and seniors

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

The community center provides several social service programs, including Community Services Block Grant, Boys and Girls Club, Low Income Heating and Energy Assistance Program, Weatherization, Goodwill, etc.

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	Design, engineering, electrical, and installation of electronic signs	40,000
TOTAL		40,000

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

Financial assistance, vocational and educational assistance, preschool and after school care, job readiness and training, and health services.

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

Low income families and seniors

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

Stabilize families, improve family income, and improve safety of children.

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?

Standard penalties are acceptable.

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.

Orange County owns the facility

13. Requestor Contact Information:

- a. **Name:** Lavon Williams
- b. **Organization:** Orange County Board of County Commissioners
- c. **Email:** Lavon.williams@ocfl.net
- d. **Phone Number:** (407)836-5614

14. Recipient Contact Information:

- a. **Organization:** Orange County Community Action Division
- b. **County:** Orange
- c. **Organization Type:**



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- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Lavon B. Williams

e. E-mail Address: Lavon.williams@ocfl.net

f. Phone Number: (407)836-5614

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

a. Name: Kelley Teague

b. Firm: Orange County

c. Email: Kelley.teague@ocfl.net

d. Phone Number: (407)836-5423