



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1872

1. **Title of Project:** Immokalee Unique Abilities Center

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 02/07/2019

4. **Project/Program Description:**

These funds will support construction to bring Immokalee to ADA compliance allowing service to those of all ages with unique abilities including veterans. We will be able to provide programming throughout the year that will support the journey of veterans to healing through established partnerships with Building Healthy Military Communities, Dept. of Veterans Affairs, and Operation Purple. We will double the number of civilians served with physical disabilities throughout five counties as well.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	750,000	65.22%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	400,000	34.78%
Total Project Costs for Fiscal Year 2019-2020	1,150,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Dollars will be used to create pathways, facilities, and permanent program elements for use by individuals with physical disabilities.	750,000
Total State Funds Requested (must equal total from question #6)		750,000

11. Program Performance:

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

Currently, Immokalee is not equipped to provide services to anyone with physical disabilities. Dollars from the state will be used in conjunction with matching dollars and fundraising dollars to make Immokalee accessible to physically disabled members of our community. Improving our space will allow more intentionality and growth in our existing strategies to support military families and veterans, as well as youth and seniors.

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

Physical and mental wellness programs for all veteran groups, military family support programs, senior health and wellness, and youth health and wellness.

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

(1) Adaptive ropes course - basic upper body strength training, hand eye coordination and functional movements, team building, and balance . (2) Access to swimming pool - wheel chair access devices will allow participants with disabilities to participate in cardiovascular wellness programming and aquatic aerobics programming. (3) Adaptive horseback riding and archery. (4) Access to adaptive sports and community programming.

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

Target populations are as follows: Elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, developmentally disabled, physically disabled, grade school students, high school students, university students, active military personnel and their families and veterans and their families.

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

Improved physical health- Being engaged in an outdoor active environment will help to improve the physical health of all participants. Participants will be surveyed to determine growth in overall physical wellness post-participating in outdoor activities. Improved mental health-Outdoor activity helps reduce stress and provides



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relief for anxiety and depression. PTSD is a condition that plagues our veteran community and outdoor activity helps to heal the invisible wound of combat. Pre- and post-quality of life surveys will be conducted with participants to determine improvement. Enriched cultural experience- Participants will be exposed to a diverse and inclusive environment as a result of this project. Through the residential experience, participant profiles are tracked. The goal is to work toward participant types that mirror the communities we serve. Create immediate job opportunities- at least 25 new positions will be created as a result of the project.

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 in the contract?

Money per day due to not meeting the minimum requirements as provided.

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.

YMCA of Florida's First Coast.

13. Requestor Contact Information:

- a. **Name:** Eric Mann
- b. **Organization:** YMCA of Florida's First Coast
- c. **E-mail Address:** emann@fcymca.org
- d. **Phone Number:** (904)265-1812

14. Recipient Contact Information:

- a. **Organization:** YMCA of Florida's First Coast
- b. **County:** Duval
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Eric Mann
- e. **E-mail Address:** emann@fcymca.org
- f. **Phone Number:** (904)265-1812

15. Lobbyist Contact Information

- a. **Name:** Marty Fiorentino
- b. **Firm Name:** The Fiorentino Group
- c. **E-mail Address:** tmf@thefiorentinogroup.com
- d. **Phone Number:** (904)358-2757