



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 2032

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	300,000
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	12%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	2,300,000	88%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,600,000	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?

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



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11. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	New construction	300,000
Total State Funds Requested (must equal total from question #6)		300,000

12. Program Performance

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

Our goal is to provide a safe environment for youth activities, senior activities and public resources and information.

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

Community and sporting events, academic, tutoring, social events and community and public meetings will be provided.

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

The direct services include youth sports leagues, tutoring, test prep, GED and feeding programs.

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

The target population is at-risk youth, economically disadvantaged persons, preschool students, grade school students, University and College students.
The target population expected to be served is more than 800 people.

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

Improve physical health-Number of participants participating in physical activities.
Enrich cultural experience-Number of participants who attend cultural events at the facility.
Improve quality of education-Number of participants who show improvement on progress reports and report cards.
Protect the general public from harm (environmental, criminal, etc.)-Number of participants who do not commit crimes.
Increase tourism-Number of out of town participants who participate in tournaments and events.
Divert from Criminal/Juvenile Justice System-Number of participants who visit the facility after school, on weekends and during the summer.

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?

No penalties are anticipated.



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13. 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.

Local government
Public/Private Partnership



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number