



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1610

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Renovate and re-purpose existing building to create a fitness and wellness facility for the Town's residents. The project shall include reinforced structure with impact doors and windows. New flooring, lighting, and HVAC system to accommodate the new program.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	400,000
<b>Total State Funds Requested</b>	<b>400,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>800,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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

9. Is future funding likely to be requested?  No

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?

Yes

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



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We have received an allocation of \$467,297 from the American Rescue Plan Act. The allocation has been pledged to our Capital Projects Program; specifically the Civic Center Complex.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovate and re-purpose existing building to create a fitness and wellness facility for the Town's residents. The project shall include reinforced structure with impact doors and windows. New flooring, lighting, and HVAC system to accommodate the new program.	400,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>400,000</b>

**12. Program Performance**

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

Create a physical fitness center to improve the health and immunity of our residents.

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

Fitness consultations and studio areas to hold classes for yoga, dance and meditation. Make resources available for those looking to improve mental and physical health.

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

Fitness classes and consultations.

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

>800 Town residents.

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

The expected outcome is the improved physical and mental health of our residents; thus, creating a community with the immunity required to sustain a healthy lifestyle.

**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?**

Repayment of State funds.



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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.

The Town of Golden Beach.



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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