



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2308

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Restoration of the historic GFCW Dade City Woman's Club Building. The club was founded in 1908 and the historic clubhouse was built in 1925. The building is on the national historic register. Three years ago the roof was replaced, but the building is in need of additional updates. The club was able to stay open during COVID-19 with the help of the membership and the community, but in order to continue serving the community, the building must be restored.

5. State Agency to receive requested funds

State Agency contacted?

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

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

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)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	300,000	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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2308

TBD

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	All monies received will go directly towards restoration of building.	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?

To serve the community for multi-use events.

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

To serve the community for multi-use events.

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

To serve the citizens with multiple activities for their use. To provide a safe building to the population of community residents.

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

Thousands of local citizens, as well as area schools and multiple other groups.

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

To provide a safe building to the population of community residents.

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?

Loss of funding.

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.

Dade City Woman's Club.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2308

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