



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

Tracking # 23288

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This 1961 building reflects the post modern architecture of that era and is located in Starke, Florida. It was built under the minimum construction codes of the early 60's and requires upgrading to meet present day Safety to Life and ADA requirements. This includes re-roofing, re-flooring, upgrading the electrical, adding air conditioning, interior and exterior improvements and ADA upgrades for the restrooms. This project will provide a viable and safe structure for the general population.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	42%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	700,000	58%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,200,000</b>	<b>100%</b>

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?



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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

03/01/2023

d. What is the estimated completion date of construction?

12/31/2024

12. List 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.

None

### 13. 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	Phase II: Electric replacement & Mechanical Heat/AC \$225,000; Floor replacement/sports equipment repair \$80,000; Outdoor pre-engineered aluminum pavilion and paved patio \$165,000; and Miscellaneous Engineering \$30,000.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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

Funding will upgrade the RJE Gymnasium for continued use for Summer Day camp, After-School programs and community events (Ex: MLK Observance with an annual average of 300 people), basketball games and fitness classes. It will also serve as a central location for the Bradford Community Partners Health & Wellness Resource Hub Services. Which will provide community outreach in the areas of health, employment, mental health and other services



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

Youth Recreation, After-School Care, Summer Day Program, Youth Athletics, Community gatherings, Town Hall & Other community meetings, and the Bradford Community Partners Health & Wellness Resource Hub Services, which will provide a centralized location for blood pressure monitoring, mental health counseling, SNAP, youth development, adult education, job skills, Veteran Services & many others.

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

Youth & Young Adults Basketball; Fitness for all ages; After-School & Summer Day Camp for youth; Health & Wellness Resources for all ages; Veteran services; Assistance with SNAP; and Job Skills classes.

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

Bradford County Youth, Young Adults, Senior Citizens and surrounding areas. Through all the sport activities provided to the youth and adults. Increases community participation which impact the use of local business, restaurants & hotels. This will improve our economic base. Our target population to serve is greater than 800.

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

Character building and confidence enrichment. It teaches our youth to be self-efficient. The number of youth going on to vocational, college or engaging as entrepreneurship. Outcome will also be measured by the number of participants receiving services through the Bradford Community Partners Health & Wellness Resource Hub.

**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 programs and activities as described in this funding request.

**15. Requester Contact Information**

**a. First Name**  **Last Name**   
**b. Organization**   
**c. E-mail Address**   
**d. Phone Number**  **Ext.**

**16. 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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number