



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1392

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

The Tampa YMCA plans to build a new 6.20-acre mixed use development in Tampa Heights. The proposed development will include a new 110,000-square foot YMCA, more than 20,000 square feet of curated green space, a 200-room luxury-lifestyle hotel, office and retail space, and residential units. Partially located within the Tampa Heights Historic District the prospective development consists of 477 multi-family units of which at least 10% will be set aside for affordable housing. Plans call for 184,000 square feet of office space and 100,000 square feet of retail, of which a portion will be dedicated for small, minority-owned businesses.

5. State Agency to receive requested funds
- State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	5%
<b>Matching Funds</b>		
Federal	6,000,000	13%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	37,000,000	82%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>45,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?
- If yes, provide the most recent instance:

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

9. Is future-year 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.
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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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

No

c. What is the estimated start date of construction?

01/01/2026

d. What is the estimated completion date of construction?

9/30/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

Operations and maintenance will be covered by membership and program fees. However, no one is turned away for inability to pay. The Tampa YMCA offers Open Doors Financial Assistance to offset monthly membership fees and program fees.

11. 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.

Tampa Metropolitan Area YMCA

### 12. 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</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	Construct a new health/wellness family center in Tampa Heights. This state-of-the-art facility will be designed to meet community well-being needs focusing on families, kids, and seniors. During emergencies, the buildings can also be used by local municipalities, providing shelter and act as a distribution site for supplies/meals.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 13. Program Performance

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



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For 135 years, the YMCA has been woven into the fabric of our city. This development, with a new, modern YMCA as an anchor, will stand as a testament to our commitment to meeting the evolving needs for future generations. To help meet these needs, the Tampa YMCA will construct a new health and wellness family center in Tampa Heights. The new Y will include a 110,000 sq ft YMCA, 20,000 sq ft of curated greenspace, and rooftop pool for swim lessons and lap swimming.

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

Welcoming, fully accessible environment for people of all abilities/ages in pursuit of healthier lifestyle in quality/effective programs; safe, positive space for youth/teens to build character/values in afterschool/teen/sports programs; Drowning Prevention Programs; evidence-based programs to address chronic disease; gathering spaces for community; and more opportunities for families to bond.

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

Livestrong at the Y for Cancer Survivors, Diabetes Prevention Program, Swim Lessons and Drowning Prevention programming, Youth Sports, Teen Leadership programs, Summer Day Camp, Out-of-School Time programming, Licensed preschool, Senior Wellness programs, Food distribution, community volunteer initiatives, and so much more.

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

Elderly persons, persons with poor physical health, economically disadvantaged persons, at-risk youth, physically disabled persons, preschool students, grade school students, high school students, university/college students, cancer survivors, chronically ill community members, families, infants, and the general public.

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

The Tampa Heights Family YMCA will improve physical and mental health. As a community leader in health and wellness, the Tampa Y understands the importance of physical activity and a balanced diet. We help improve the community's health and well-being by providing a variety of programs and activities that promote wellness, reduce risk of chronic disease, and help others manage and reclaim their health. We will offer group exercise classes, small-group training, and personal training to community members and offer evidence-based health programs for specific chronic diseases.

**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?**

If the new facility in Tampa Heights is not constructed, the Y would have to return the funding back to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster?  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No



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No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

Yes, Applied

Yes, Received

No

No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**



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e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*