

LFIR # 1631

1. Project Title	Florence A. De G	George Teen Ce	nter/Facility Improveme	nts		
2. Senate Sponsor	Barbara Sharief					
3. Date of Request	1/24/2025					
4. Project/Program De	scription					
after school and sum Healthy Lifestyles. The complete repairs, and	mer programming in the requested funds difference the local	n three core are will enable us to tion to create a s	n 8,000 youth ages 6-18 as: Academic Success, o enclose a space at the specialty space. Capital op and reach their full po	Good Character ar Florence De Georg improvements will e	ge Teen Center, ensure that our	
5. State Agency to rec	eive requested fui	n ds Depar	tment of Education			
State Agency contact	<u>-</u>					
6. Amount of the Nonre		for Eisaal Vaar	2025 2026			
	ecurring Request	IOI FISCAI TEAI			1	
Type of Funding Operating			Amo	ount 0		
Fixed Capital Outlay				400,000	+	
Total State Funds R	anuested		400,000			
Total Otato I aliao It				400,000	J	
7. Total Project Cost fo	or Fiscal Year 2025	5-2026 (includir	ng matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Re	equested (from que	stion #6)	400,000	29%		
Matching Funds					_	
Federal			0	0%	-	
State (excluding the a	amount of this requ	est)	0	0%	_	
Local			0	0%	_	
Other			1,000,000	71%		
Total Project Costs	for Fiscal Year 20	25-2026	1,400,000	100%		
8. Has this project pre If yes, provide the n	•	•	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundir a. If yes, indicate no	onrecurring amou	nt per year.	No No n lieu of state funding			
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LFIR # 1631

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction a. What is the current phase of the	e project?			
Planning Design		○ N/A		
b. Is the project "shovel ready" (i	.e permitted)?	Yes		
c. What is the estimated start dat	e of construction?	07/01/202	25	
d. What is the estimated complet	ion date of construct	ion? 06/30/202	26	
e. What funding stream will be us	sed for ongoing opera	ations and mainte	enance of the project	t?
11. List the owners of the facility to relationship between the owner			ed capital outlay fund	ding. Include the
Christopher Gentile, Co-CEO of E	Boys and Girls Clubs o	f Broward County.		

12. 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			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Enclosure of Outdoor Space (Construct walls and roofing to enclose the outdoor area; Install windows, doors, and ventilation systems); Interior Modifications (Knock down existing walls to create an open layout; Install new flooring; Add or update electrical and lighting fixtures); Existing Club Renovations (Paint interior walls and ceilings, patching holes or refinishing surfaces).	400,000	
Total State Funds Requested (m	ust equal total from question #6)	400,000	

13. Program Performance

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



LFIR # 1631

Chartered in 1965, Boys & Girls Clubs of Broward County serves more than 8,000 youth ages 6-18, throughout Broward County. Our equation for success includes providing after school and summer programming in three core areas: Academic Success, Good Character and Citizenship, and Healthy Lifestyles. Capital improvements will ensure that our members continue to have a safe space to learn, develop and reach their full potential as productive, caring, and responsible citizens.

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

These funds will enable us to enclose a space at DeGeorge Boys & Girls Club, complete repairs, and renovation of the Club to create a new designated specialty space to serve members. This initiative will ensure we continue providing out-of-school time activities that address the educational, personal, and vocational needs of underserved, at-risk youth in Broward County.

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

Clubs provide high-yield educational, healthy lifestyle and leadership programs to youth with both environmental and individual risk factors. Our programs strive to have an impact on our members' development, while seeking to empower youth to lead productive lives by ensuring that they have the proper skills to pursue future education and careers.

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

The target population served by this project are grade school students, high school students, economically disadvantaged persons, and at-risk youth. We expect 200-400 individuals to be served.

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

We expect this project will improve the physical health of participants due to access to free healthy snacks, hot supper, and daily physical activity. In addition, we expect improvements in mental health as surveys conducted on the program have shown that 77% of Club members report feeling a sense of belonging, a critical factor in reducing mental illness and loneliness. We also expect improvements in quality of education and cultural experiences, which can be measured through improved academic performance and regular exposure to cultural events through visit tracking. Lastly, we expect to see diversion from the juvenile justice system as at-risk youth participating in programming will develop better decision making, build positive relationships, and be empowered to reduce risky behaviors and excel in school. This will be seen through the lack of arrests or involvements in the juvenile justice system.

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?

Boys & Girls Clubs of Broward County will follow all rules and regulations associated with administering the funding contract. We intend to fully utilize all of the appropriated funds. Should any portion of the project not be completed, we will return the associated project funding.

10	turi the associated project furturing.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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 infastructure)
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied



LFIR # 1631

☐ Yes, Received						
□ No						
☐ No, but intends t	to apply					
	ne FEMA project worksh	eet ID#·				
a. II yes, provide til	Project workship	GGUID#.				
b. Provide the total	I project cost listed on th	ne FEMA proj	ect workshee	t:		
16. Has the entity app	olied for or received state	e assistance t	or this projec	ct (other than	n this reque	st)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	to apply					
a. If yes, specify the Commerce):	e program and state age	ency (ex. Loca	al Governmen	nt Emergenc	y Bridge Lo	an, Department of
17. Requester Contact	t Information					
a. First Name	Christopher	Last Name	Gentile			
b. Organization	Boys & Girls Clubs of Br	oward County				
c. E-mail Address	cgentile@bgcbc.org					
d. Phone Number	(954)537-1010	Ext.				
18. Recipient Contact	Information					
a. Organization	Boys & Girls Clubs of Br	oward County				
b. Municipality and	d County Broward					
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	allege					



LFIR # 1631

□Other (please specify)						
d. First Name	Christopher	Last Name	Gentile			
e. E-mail Address	cgentile@bgcbc.org					
f. Phone Number	(954)537-1010	Ext.				
19. Lobbyist Contact I	nformation					
a. Name	Robert E. Holroyd					
b. Firm Name	TSE Consulting					
c. E-mail Address	reh@trippscott.com					
d Phone Number	(954)803-0231					

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