



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1722

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Marion County YMCA Aquatic Safety & Infrastructure Enhancement Project will improve aquatic safety and facility security at the Frank Deluca YMCA in Marion County, serving 10,000+ residents annually. The project replaces the unusable children's pool with an accessible Splash Pad and upgraded pool lift, expanding drowning prevention education. Plumbing and infrastructure upgrades will improve efficiency and safety compliance, while security enhancements will strengthen access control and monitoring, ensuring a safe and accessible space.

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	738,765
<b>Total State Funds Requested</b>	<b>738,765</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)	738,765	83%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	17%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>888,765</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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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)?** Yes

**c. What is the estimated start date of construction?** 8/1/2025

**d. What is the estimated completion date of construction?** 04/30/2026

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

The ongoing operations and maintenance of the project will be funded through the YMCA's operating budget, which includes an allocation for on-going facility maintenance and physical plant needs.

**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.**

The facility is owned by the Frank DeLuca YMCA- Central Florida Young Men's Christian Association, Inc.-a 501 (c) 3 nonprofit organization. No individuals will receive any portion of any fixed capital outlay funding.

**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	Aquatics Facility Renovations & ADA Accessibility – Funding will cover contractor fees, Splash Pad construction, upgraded ADA-compliant lift, plumbing upgrades, and security & surveillance enhancements	738,765
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>738,765</b>

**13. Program Performance**

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



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Funding will make the YMCA Aquatic Center safer, more accessible, and fully functional. Replacing the unusable children's pool with a Splash Pad and upgraded pool lift will allow more children, families, and individuals with disabilities to safely participate in drowning prevention programs. Plumbing infrastructure upgrades will improve efficiency and reliability, reducing maintenance issues. Security enhancements will create a safer environment, allowing families to engage in programs with confidence.

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

Funding will support activities that create a fully functional, efficient, and proactively safe aquatic center. The YMCA will provide drowning prevention programs, swim lessons, and inclusive aquatic recreation using the new Splash Pad and pool lift, ensuring accessibility. Infrastructure upgrades will improve operational efficiency, minimizing downtime. Security enhancements, including enhanced surveillance, will ensure the Y remains a safe community hub, allowing families to engage in programs with confidence.

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

This project will allow the YMCA to expand drowning prevention efforts, swim lessons, and water safety education, addressing Marion County's unintentional injury rate (122.4 per 100,000). Citizens will gain access to inclusive aquatic recreation through a new Splash Pad and pool lift, supporting individuals of all abilities. Aquatic fitness and wellness programs will promote physical activity, helping combat obesity (34.5%) and diabetes (15.4%), while providing an affordable, community-centered resource for individuals and families.

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

This project will serve children, families, and seniors in Marion County, ensuring safe, accessible aquatic and wellness programs. It will support youth in drowning prevention programs and older adults in fitness and rehabilitation. Currently, 10,000 individuals are served annually, 50% of whom are under 18. With this investment, the YMCA expects a 25% increase in impact, reaching 12,500 people, including 6,250 youth. The Y is a lifeline for the community offering free programs and financial assistance for access.

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

This project will enhance physical and mental health, public safety, and community access. A fully operational and efficient aquatic facility will expand swim lessons to equip youth and adults with lifesaving water skills and increase aquatic access for seniors and individuals with disabilities. Security upgrades will strengthen facility safety, reducing crime and hazards. Success will be measured through participation data, incident tracking, emergency response times, and community perception surveys.

**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?**

Failure to meet deliverables or performance measures will result in either the inability to draw down all of the appropriated funds or the repayment of funds back to the agency.

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?



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- Yes, Applied
- Yes, Received
- No
- 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



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University or College

Other (please specify)

d. First Name  Last Name

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.*