



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1854

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

4. Project/Program Description

The City of Greenacres provides a licensed, nationally accredited and Gold Seal designated K-12 year-round program. The city is building a new facility to allow for increased enrollment and expanded services. The added infrastructure will provide for resources, technology, expanded programming, staffing to support services, curricula and skills training that improve educational success, develop life and leadership skills and support healthy behaviors and relationships.

5. State Agency to receive requested funds
- State Agency contacted? No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	450,000
Total State Funds Requested	450,000

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)	450,000	4%
Matching Funds		
Federal	1,000,000	9%
State (excluding the amount of this request)	950,000	8%
Local	9,109,770	79%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	11,509,770	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	950,000	105	No

9. Is future-year funding likely to be requested? No
- 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



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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Building Construction	450,000
Total State Funds Requested (must equal total from question #6)		450,000

13. Program Performance

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

Construction of a new Youth Programs facility to allow for increased enrollment and expanded services to K-12 youth. The City of Greenacres provides after school and summer programming for high school where most programs only offer through fifth grade.

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



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Year-round after-school programming K-12, Spring, Summer, Winter camp K-12, Only teen program in central PBC, after-hours activities for youth on the weekends, evidence-based programming, nutrition education classes, mental and physical health activities, educational tutoring and exposure to various trades, field trips, college tours. Added infrastructure will offer additional resources, expanded technology, programming, curricula and skills training and increased staffing to support services.

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

Year-round out of school time programming, activities and services for students in K-12 to support their academic and personal development.

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

School age students from K-12. A focus is being made to provide additional and expanded programming for teens as they normally age out of most after school and summer programs at age twelve (12). The city is committed to providing out of school time programming through high school.

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

Improved educational success, development of life and leadership skills and support of healthy behaviors and relationships.

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 City fails to meet deliverables or performance measures, a penalty requiring reimbursement of appropriated funds received should be imposed.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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
- 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:



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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**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

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