



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2338

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

**4. Project/Program Description**

The Children's Safety Village Swim Program makes a concerted effort to combat preventable fatal drownings of children under the age of 18 years old through one-on-one swim instruction. This program not only supports children in communities that are marginalized and underserved disproportionately and are dying at higher rates but it also impacts special needs children especially those on the autism spectrum who are drawn to water with fatal consequences.

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	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	93%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	24,000	7%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>324,000</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**



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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
<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	Program supplies to conduct the classes, marketing and promotional expenses to get the students signed up, utilities expenses for the use of the pool building that is used for swim lessons, insurance costs and the pool maintenance costs for expenses like chlorine, reagents for testing the pool water and cleaning the pool as required by the State Health Department are additional expenses	70,000
Consultants/Contracted Services/Study	A certified ISR swim instructor who is also Nicklaus Children's Marino Adaptive Aquatic Certified will be contracted to teach swim lessons to our youth and special needs participants.	230,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

**13. Program Performance**

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

The Children's Safety Village Swim Program makes a concerted effort to combat preventable fatal drownings of children under the age of 18 years old through one-on-one swim instruction. This program not only supports children in communities that are marginalized and underserved disproportionately and are dying at higher rates but it also impacts special needs children especially those on the autism spectrum who are drawn to water with fatal consequences.



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

We will offer swim lessons to children at our indoor heated pool year-round with one-on-one instruction from certified instructors. These ISR lessons compliment safety and health and exercise through repetition of this 6 week course.

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

Children learn to swim with their heads down; roll onto their back to float, rest, and breathe; and roll back over to resume swimming until they reach the side of the pool, where they can either crawl out or until they can be rescued.

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

The target population are young children, special needs children, economically disadvantaged persons starting at 6 months old.

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

Children participate in a 6-week course, for over 300 minutes of instruction. Each child must successfully complete their class and instructors will evaluate students who must show skill proficiency from lessons taken and recorded weekly to advance to the next skill of the lessons. Students will demonstrate the proper knowledge and technique of swimming for health and safety as conducted by an instructor and evaluated and recorded during those 6 weeks.

**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?**

no renewed funding

**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.*