

LFIR # 2520

1. Project Title	Volusia Flagler F	amily YMCA ADA	Access Projects			
2. Senate Sponsor	Thomas Leek					
3. Date of Request	2/13/2025					
4. Project/Program D	escription					
the standards estab	olished by the Americ ADA access for the	cans with Disabilitie two bathhouses ar	nd sixteen cabins. \$250	legal requirement a 0,000 for noise redu	t our buildings meets and a moral imperative. uction insulation for the aulation. \$500,000 for a	
new Olympic size population.	ool in Palm Coast to	add a zero entry s	section to accommodat	e easy access for t	he special needs	
5. State Agency to re	ceive requested fu	nds Departm	ent of Health			
State Agency conta	-					
State Agency conta	acteu: 165					
6. Amount of the Non	recurring Request	for Fiscal Year 20	25-2026			
Type of Funding	Type of Funding			unt		
Operating				0		
Fixed Capital Outlay	У			1,000,000		
Total State Funds Requested			1,000,000			
7. Total Project Cost f	for Eiscal Voor 202	5-2026 (including	matching funds avai	lable for this proje	oct)	
•	101 1 10001 1 001 202	2020 (mondamig	-		, or o	
Type of Funding		, ,	Amount	Percentage	<i></i>	
Type of Funding Total State Funds R	Requested (from que	, ,	-		sety	
Type of Funding Total State Funds R Matching Funds		, ,	Amount 1,000,000	Percentage 13%	sety	
Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	estion #6)	Amount	Percentage 13% 0%	sety	
Type of Funding Total State Funds R Matching Funds Federal		estion #6)	Amount 1,000,000	Percentage 13% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	Requested (from que	estion #6)	Amount 1,000,000 0 0	Percentage 13% 0%	soly	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requ	estion #6)	0 0 0 6,500,000	Percentage 13% 0% 0% 87% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que e amount of this requested for Fiscal Year 20 reviously received s	estion #6) uest) 225-2026 state funding?	Amount 1,000,000 0 0 6,500,000	Percentage 13% 0% 0% 87%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	Requested (from que e amount of this requested for Fiscal Year 20 reviously received s	pestion #6) puest) puest) puest) puest) puest pue	Amount 1,000,000 0 6,500,000 7,500,000 Yes Specific	Percentage 13% 0% 0% 87% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	Requested (from que e amount of this requested for Fiscal Year 20 eviously received sometimestar	pestion #6) puest) puest) puest) puest) puest pue	Amount 1,000,000 0 6,500,000 0 7,500,000 Yes	Percentage 13% 0% 0% 87% 0% 100%		
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Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2024-25 9. Is future-year fund	e amount of this requested from quested from quested from quested from quested from Fiscal Year 20 from Fi	estion #6) Destion #6)	Amount 1,000,000 0 6,500,000 7,500,000 Yes Specific Appropriation #	Percentage 13% 0% 0% 87% 0% 100% Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed year (yyyy-yy) 2024-25 9. Is future-year fund a. If yes, indicate new section of the project of the project of the project year (yyyy-yy)	e amount of this requested from quested from quested from quested endount of this requested from Fiscal Year 20 eviously received endount recent instantial from Recurring 0 ing likely to be requested from the requested fro	estion #6) Destion #6) Destio	Amount 1,000,000 0 6,500,000 0 7,500,000 Yes Specific Appropriation #	Percentage 13% 0% 0% 87% 0% 100% Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed year (yyyy-yy) 2024-25 9. Is future-year fund a. If yes, indicate new section of the project of the project of the project year (yyyy-yy)	e amount of this requested from quested from quested from quested endount of this requested from Fiscal Year 20 eviously received endount recent instantial from Recurring 0 ing likely to be requested from the requested fro	estion #6) Destion #6) Destio	Amount 1,000,000 0 6,500,000 0 7,500,000 Yes Specific Appropriation #	Percentage 13% 0% 0% 87% 0% 100% Vetoed		



10. Status of Construction

Planning

a. What is the current phase of the project?

Design

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

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

N/A

Yes

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1,000,000

1,000,000

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start dat	e of construction?	09/01/2025		
d. What is the estimated complet	ion date of construction?	11/30/2026		
e. What funding stream will be us	sed for ongoing operations	and maintenance of	the project?	
Program and membership revenu replacement planning and reserve		facilities. Along with o	capital	
11. List the owners of the facility to relationship between the owner	receive, directly or indirec s of the facility and the ent	tly, any fixed capital ity.	outlay funding. Inc	lude the
The Volusia Flagler Family YMC	A owns all of the facilities that	will be receiving fund	ing.	
12. Details on how the requested sta	ate funds will be expended	Description		Amount
Administrative Costs:		<u>'</u>		
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits				
Expense/Equipment/Travel/Supplies/ Other				
Consultants/Contracted Services/Study				
Operational Costs				
Salary and Benefits				
Expense/Equipment/Travel/Supplies/ Other				
Consultants/Contracted Services/Study				
Fixed Capital Construction/Major	Renovation:			

Dollars will help construct new and update existing facilities that will

benefit our special needs population in Volusia and Flagler Counties. These facilities are 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

13. Program Performance

Construction/Renovation/Land/

Planning Engineering

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

Total State Funds Requested (must equal total from question #6)

and gathering locations.



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To expand attendance capacity for programs and services that serve the special needs community. These facility improvements will provide fully accessible environments for people of all abilities/ages; safe, positive environments for more youth/teens to build character/values through afterschool/teen/sports programs; evidence-based programs/initiatives that address chronic disease caused by lifestyle choices; and flexible gathering spaces for community to connect.

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

Youth sports, aquatics, child care, camping for people with disabilities including veterans, chronic-disease prevention & support programs, sports practices & games, and multiple facilities that will provide a safe place for families and individuals to gather. In addition, locations can be used for food and meal distribution, emergency supplies and shelter for the community and surrounding service areas.

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

After school care, summer day camp, summer resident camp, swim lessons, youth sports, outdoor education, team building, wellness services for seniors and veterans.

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

The special needs population is the target population but the facilities will be used by the entire population. On an annual basis, we anticipated 10,458 participants under 18 years of age, 8,223 participants from ages 18-60 and 5,876 over the age of 60 will benefit from this project for a total of 24,557 individuals. Over the 20 year facility life of this project over 491,140 people will be served.

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

For the new YMCA in Flagler County we are partnering with the city of Palm Coast to build a 35,000 square foot facility with an Olympic size pool. We anticipate a membership base of 6,000 in addition to 17,000 individuals utilizing the facility through program use for aquatics, youth sports, child care, summer camp, community programs and event rentals. The facility and program usage are modeled after the current Ormond Beach Family YMCA. We anticipate similar usage patterns as many of the community needs we meet in the Ormond Beach community are similar to the needs identified in the Flagler County community. YMCA Camp Winona serves 240 kids each week and will be able to double that amount with new cabins and an expanded dining hall. In addition, they will be able to double the available housing for rental groups like, churches, Boy Scouts, Girls Scouts and school groups.

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

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 infastructure) b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	ap	propriated funds or the repayment of funds back to the agency.
 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) 	4. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
 □ Response (addressing the immediate and short-term effects of a natural disaster) □ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) 	a. If	Yes, what phase best describes the project?
□ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)		Mitigation (reducing or eliminating potential loss of life or property)
		Response (addressing the immediate and short-term effects of a natural disaster)
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
	5. Ha	s the entity applied for or received federal assistance for this project?
. Has the entity applied for or received federal assistance for this project?	<u> </u>	Yes, Applied



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☐ Yes, Received						
□ No						
☐ No, but intends t	to apply					
	ne FEMA project work	sheet ID#:				
a. II yes, provide ti	ie i Lina project work					
b. Provide the total	I project cost listed or	n the FEMA proje	ect workshee	•t:		
16. Has the entity app	olied for or received s	tate assistance f	or this projec	ct (other thar	n this reque:	st)?
☐ Yes, Applied				•	·	•
☐ Yes, Received						
□ No						
	to apply					
☐ No, but intends t						
a. If yes, specify th Commerce):	e program and state a	agency (ex. Loca	I Governmer	nt Emergency	y Bridge Loa	an, Department of
,						
17. Requester Contac	t Information					
a. First Name	Chris	Last Name	Seilkop			
b. Organization	Volusia Flagler Family	yYMCA				
c. E-mail Address	cseilkop@vfymca.org	<u> </u>				
d. Phone Number	(386)801-0352	Ext.				
18. Recipient Contact						
a. Organization	Volusia Flagler Family	y YMCA				
b. Municipality and	d County Volusia					
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	ollege					



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⊔Other (please sp	Decity)			
d. First Name	Chris	Last Name	Seilkop	
e. E-mail Address	cseilkop@vfymca.org			
f. Phone Number	(386)801-0352	Ext.		
9. Lobbyist Contact I	nformation			
a. Name	None			
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.