



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2526

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Florida State Alliance of YMCAs is committed to ensuring that all children and families have access to essential water safety education and swim lessons. Through local water safety and swim lesson grants, YMCAs and community partners can apply for funding to provide swim instruction to those who need it most. By fostering local partnerships and raising awareness, the Alliance strengthens Water Watcher campaigns, community-based education, and drowning prevention efforts at the local level. Additionally, as an active member of the statewide drowning prevention task force, the Florida State Alliance of YMCAs plays a key role in shaping policies and initiatives that promote water safety across Florida.

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	1,250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,250,000</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)	1,250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,250,000</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		
2024-25	0	250,000		No

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.

Federal grants, philanthropic endowments, and charitable donations.



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

**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	Executive Director/Operations Director (partial salary)	10,000
Other Salary and Benefits	Operations/Administrative support through State Alliance	3,000
Expense/Equipment/Travel/Supplies/Other	Travel and Administrative Equipment	2,000
Consultants/Contracted Services/Study	Fiscal Agent and Audit Services	5,000
<b>Operational Costs</b>		
Salary and Benefits	Staff support to provide training, on-boarding and management of the Safety Around Water sites	80,000
Expense/Equipment/Travel/Supplies/Other	Local grants awarded to YMCA and partners to offer the YMCA Safety Around Water program. Local Grants awarded to YMCA and partners to create and expand local drowning prevention	1,150,000
Consultants/Contracted Services/Study		0
<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>1,250,000</b>

**13. Program Performance**

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

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



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Water Safety & swim lessons that have specific tactics to teach students to be safe in and around the water. Community awareness campaigns through strengthening drowning prevention task forces. A statewide marketing campaign geared to teach citizens about supervision, use of barriers to learn to swim .

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

Water safety/swim lessons, education materials, and local drowning prevention support through local drowning prevention task forces.

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

Elderly persons, persons with poor physical health, economically disadvantaged persons, At-risk youth, Developmentally disabled, physically disabled, preschool students, grade school students, and high school students. Expected to serve > 800 individuals.

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

Improve physical health - Specific skill test and passing of skills in the program focusing on the basic water safety and swimming skills. Improve mental health - Incidences of unaddressed issues within our participants. Enrich cultural experience - Numbers of students tracked by zip code (to project social determinants of health) and other identifiers such as access to a pool. Protect the general public from harm (environmental, criminal, etc.) - Creation of local drowning prevention task forces to sustain water safety efforts on local levels, as well as strengthening of partnerships across the state to support drowning prevention efforts. Improve quality of education - Number of participants in the program, as well as the skills achieved and mastered.

**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 measure will result in the funds being withheld or costs not being reimbursed

**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**



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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.*