



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2971

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The YMCA of the Suncoast - Citrus Memorial Health Foundation Branch opened in 2016 and quickly became the center of community activity within the County. The current facility is at a maximum capacity, and the Y would like to add an additional 5,000 square feet of inside space and 7,500 of outside, covered space. This expansion will help to serve our continually growing Active Older Adult and Family populations with specific programs, classes, and services. Previously, through the Florida House of Representatives Appropriations Project Application for Fiscal Year 2024-25, \$1,000,000 was awarded to begin the design, planning, engineering, and permitting for this project. In 2025-26, the YMCA requests an additional \$1,200,000 to complete the project. Letters of support are attached.

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	1,200,000
Total State Funds Requested	1,200,000

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)	1,200,000	49%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,000,000	41%
Local	0	0%
Other	245,000	10%
Total Project Costs for Fiscal Year 2025-2026	2,445,000	100%

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	1,000,000		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.



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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)?

Yes

c. What is the estimated start date of construction?

06/01/2025

d. What is the estimated completion date of construction?

06/30/2027

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

YMCA of the Suncoast general operating dollars.

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.

YMCA of the Suncoast, Inc are the owners and the applicant requesting fixed capital outlay funding.

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	Design, planning, engineering, permitting, construction, and furnishings of 5,000 square feet of inside space and 7,500 of outside, covered space	1,200,000
Total State Funds Requested (must equal total from question #6)		1,200,000

13. Program Performance

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

YMCA of the Suncoast Citrus Memorial Health Foundation Branch opened in 2016 and quickly became the center of community activity within the County. Funds are being sought to expand the facility to serve a continually growing Active Older Adult population with specific programs, classes, and services. The current facility is at a maximum capacity, and the Y would like to add an additional 5,000 square feet of inside space and 7,500 of outside, covered space.



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

Direct services include programs and activities that are geared toward the Active Older Adult population, specifically healthy living programs, group exercise classes, pickleball, and social programs that combat senior loneliness. Family support services, youth development programs, preschool programs, teen leadership programs, basketball, and educational activities would also be provided.

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

Direct services include programs and activities that are geared toward the Active Older Adult population, specifically healthy living programs, group exercise classes, pickleball, and social programs that combat senior loneliness. Family support services, youth development programs, preschool programs, teen leadership programs, basketball, and educational activities would also be provided.

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

The target population served by this project are the general citizens of Citrus County; specifically active older adults, persons with poor mental health, persons with poor physical health, at risk youth and teens, high school students, grade school students.

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

Citrus County residents will improve their physical health, mental health, combat loneliness, and youth and teens will be involved in positive programs by utilizing the YMCA group exercise classes, wellness center, multipurpose rooms, and outdoor recreational opportunities.

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?

Failing to meet the deliverables will result in the agency being put on corrective action. Penalties could include, but are not limited to, the agency returning funds if not used in a timely manner per the contract agreement.

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#:



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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
- 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



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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.