



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3221

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project will cover the cost to complete construction drawings, site preparation, project management and the ground breaking for an Education and Social Service Center.

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	45,000
Fixed Capital Outlay	900,000
Total State Funds Requested	945,000

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)	945,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	945,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
	0	0		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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

No

c. What is the estimated start date of construction?

01/05/2027

d. What is the estimated completion date of construction?

01/05/2029

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

Grants, donations, and SOR funds.

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.

The facility is owned by James B. Sanderlin Family Service Center, Inc. Board of Trustees

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Management	45,000
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	Construction Drawings, Site Prep, Groundbreaking	900,000
Total State Funds Requested (must equal total from question #6)		945,000

13. Program Performance

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

The requested funds will be used to complete construction drawings, site clearing, groundbreaking, and to support project management.

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

Our mission is to cultivate a community where children and families are valued, loved, and destined to succeed. Our facility will offer early learning programs, voluntary pre-kindergarten services, aftercare, summer camp, and spring break programs. Additionally, we will provide essential family support services, including a weekly food pantry, clothing closet, adult education programs, and more, to strengthen and uplift our community.

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



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Direct services include voluntary pre-kindergarten, aftercare, tutoring, reading interventions, homework help. Family Support services will also be provided.

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

The target population for our programs are children ages 4 - 13 and their families. Family support services are open to all citizens of Pinellas County, however; we generally serve families who live in the following zip codes 33701, 33703, 33704, 33705, 33711, 33712, and 33713.

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

The expected benefit of the project is a safe building that meets coding requirements for the Department of Health and the city of St. Petersburg. The project will also decrease the repair and maintenance costs currently being used to maintain the building. The methodology will be measured by the Center's ability to obtain a cleared certificate of occupancy from the city of St. Petersburg and a childcare license through Pinellas County's Department of Health.

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?

The funds will be reverted back to the state.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received



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- 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

d. Phone Number



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