

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

LFIR # 3430

1. Project Title	Sports/Soccer Project	

2. Senate Sponsor Darryl Rouson

3. Date of Request 3/13/2025

4. Project/Program Description

Sport/soccer-tends to provide multiple benefits to children. It has been my experience that soccer positively impacts children's physical and mental well being, social and economic well being and fosters a sense of unity and pride. Soccer program which focuses on positively building communities.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount	
Operating	155,000	
Fixed Capital Outlay	0	
Total State Funds Requested	155,000	

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)	155,000	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	155,000	100%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

No

No

	Loc	The Florida Senate cal Funding Initiative Request Fiscal Year 2025-2026	LFIR # 3430
a. What is the cu	rrent phase of th	ne project?	
O Planning	🔵 Design	◯ Construction	
b. Is the project '	'shovel ready" (.e permitted)?	
c. What is the es	timated start dat	e of construction?	
d. What is the es	timated complet	ion date of construction?	
e. What funding	stream will be u	sed for ongoing operations and maintenance of the pro	ject?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Director	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Web Design/Technology	5,000
Operational Costs		
Salary and Benefits	Coaches	50,000
Expense/Equipment/Travel/Supplies/ Other	Insurance, field, Uniform, transportation and others.	55,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from guestion #6) 155,000		

13. Program Performance

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

Establish a safe environment where children can have fun, grow and feel they belong.

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

Sport/soccer-tends to provide multiple benefits to children. It has been my experience that soccer positively impacts children's physical and mental well being, social and economic well being and fosters a sense of unity and pride.

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

Soccer program which focuses on positively building communities.

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



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

Economically disadvantaged persons, At-risk youth, K-12 school students. 50-100 to be served.

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

Promotes healthy lifestyles: Encouraging physical activity helps combat childhood obesity and related health issues. Improves mental health: Participation in sports alleviate stress, anxiety, and create a fun environment. Promotes discipline and life skills: Soccer teaches teamwork, discipline, responsibility, and leadership, helping participants with life skills that contribute to success in school. Encouraged to complete school assignments on time and sometimes ahead of time. Providing an environment where children feel valued and cared for can lead to a cleaner climate. Feel responsible about their communities. Fosters community bonds: Soccer promotes mentorship, positive peer interactions, and community support, creating safer neighborhoods. Soccer keeps at-risk youth engaged in positive pursuits, reducing the likelihood of involvement in crime or other risky behaviors. Soccer and other programs can save the state money on healthcare, juvenile detention, and welfare services.

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 penalty for failing to meet deliverable or performance measures should be non renewing the funds for the following fiscal year.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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):

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

🗆 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	Jean	Last Name	Dorcelien		
	b. Organization	Eclair FC				
	c. E-mail Address	dorcelien@yahoo.com				
	d. Phone Number	(786)201-6045	Ext.			
18.	Recipient Contact	Information				
	a. Organization	Eclair FC				
	b. Municipality and	d County Broward				
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	e)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Jean	Last Name	Dorcelien		
	e. E-mail Address	dorcelien@yahoo.com				
	f. Phone Number	(786)201-6045	Ext.			
19.	19. Lobbyist Contact Information					
	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.