



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3458

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Children and community enhancement program to enhance the lives of our young people, helping them to have better relationships with their parents, while making them better citizens. This can be achieved by providing them with a facility and equipment, with professional services to guide and teach them the core values and principles of life.

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	269,000
Fixed Capital Outlay	481,000
Total State Funds Requested	750,000

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)	750,000	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	750,000	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		

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



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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)? No

c. What is the estimated start date of construction? 06/01/2025

d. What is the estimated completion date of construction? 05/31/2026

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

The funding from the State for this appropriation will sustain and maintain this operation.

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.

Square and Compass Club Board will receive the funds and determine how it is allocated.

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	Four employees with yearly salary of \$31,200.	124,800
Expense/Equipment/Travel/Supplies/Other	Computer and educational software for children's studies in addition to allow interaction with their parents .Exercise equipment for athletes training. Tools for Adult cognitive enhancement.	65,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Furniture and enhancement equipment; Healthy food and beverages for both children and adults while present at facility.	79,200
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase and reconstruction of the facility to create a safe environment for both young people and adults.	481,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

To enhance the lives of young people, helping them to have better relationships with their parents, while making them better citizens.

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

To stop gang violence among young children, reduce drug use promote education. In addition, promote cognitive health among young children and adults.

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



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To purchase a facility, exercise and computer equipment will provide members of the community a hub for positive, productive and safe activities.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, At risk youth, Drug users, High school students' University /college students, Currently or former incarcerated persons, Drug offenders, Victim of crime. Population expected to be served is 51- 100 people.

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; Improve mental health; Enrich cultural experience; Improve quality of education; Reduce substance abuse.

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 will result in return of State funding.

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
- No



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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

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