



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** STARS Complex Expansion Phase I

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Expansion includes construction of multipurpose recreational field and new 25,000 square feet multipurpose center and academic wing that will serve as the only City of Fort Myers emergency hurricane/disaster shelter. The center will enhance recreational activities, to accommodate the increased programmed use and numbers of participants. It currently serves 250 children in the after school and summer camp programs and provides programs including Little League Baseball, At-Risk Teen Clubs, basketball, Girl Scouts, football leagues and other community programs. The complex is centrally located in Fort Myers serving a population of 25,000 in the 33916 zip code. 36% of residents live below the median income of \$31,000. The expansion will increase services by an additional 125 children in the After School Program and summer camps; accommodate 10-15 additional youth and adult recreation and community based activities; and allow for a 1,000 person estimated capacity Hurricane/Disaster shelter.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	3,125,000	3,125,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,500,000	32.4%
Other	0	0.0%
TOTAL	1,500,000	32.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,625,000



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The City can expand the STARS Complex with a 25,000 sq ft building to meet the recreational, community and emergency needs of its citizens

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

The project will increase recreational activities and provide access to an emergency shelter in the event of disaster.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of 25,000 sq ft multi purpose building total cost is \$12,500,000.	3,125,000
TOTAL		3,125,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

6-10 additional recreational and educational programs, 4 senior programs, community multipurpose space, and access to an emergency shelter within City limits.

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

City of Fort Myers Citizens 30,000-60,000 individuals.

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

The expected benefit is to construct a 25,000sq ft multipurpose community center. The outcome will be measured by the increased capacity of participants.

**g. 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 standard penalties in place for noncompliance are sufficient.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

The City of Fort Myers will own the facility

**13. Requestor Contact Information:**

- a. **Name:** Saeed Kazemi
- b. **Organization:** City of Fort Myers
- c. **Email:** skazemi@cityftmyers.com
- d. **Phone Number:** (239)321-7023



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

**14. Recipient Contact Information:**

**a. Organization:** Public Works

**b. County:** Lee

**c. Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Amber Smith

**e. E-mail Address:** apsmith@cityftmyers.com

**f. Phone Number:** (239)321-7462

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**