



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1124

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

New Image Youth Center is one of the longest-serving youth organizations in the Parramore neighborhood of downtown Orlando, a low-income, high-needs community. For over 18 years, NIYC has provided year-round after-school and summer programming for children in grades K-12 at no cost to families. While our dedication to the children of Parramore hasn't change in that time, our small facility is now filled to capacity, forcing us to place interested families on a waiting list. To better meet our mission and safely serve our youth, the NIYC Board of Directors is securing a new facility. Our appropriations request is for \$500,000 for capital costs associated with the renovation of a new building as the permanent home of New Image Youth Center.

5. State Agency to receive requested funds
- State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	33%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	67%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future 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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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

We received \$21,670 as part of the COVID-19 PPP award.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

**a. What is the current phase of the project?**

Planning     Design     Construction

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

No

**c. What is the estimated start date of construction?**

Sept. 2023

**d. What is the estimated completion date of construction?**

May 2024

**12. 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.**

We are in the process of purchasing a new building. Upon execution of a sale, the owner of the building will be New Image Youth Center, which will operate the facility as a dedicated youth center.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The requested funds will support capital expenses related to the renovation of a new facility for the New Image Youth Center.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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

The requested funds will support capital expenses related to the renovation of a new facility for the New Image Youth Center.

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



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We will work with licensed and qualified contractors for all design and renovation activities of a new facility to house New Image Youth Center. The new facility will increase square-footage and functionality of the space.

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

NIYC provides year-round youth programs for at-risk children and young adults, ages 5-26. Services include academic supports, health and wellness, life skills programs, mentorship, crisis intervention, clinical mental health services, and positive youth development activities.

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

NIYC provides year-round youth programs for at-risk children and young adults, ages 5-26. Services include academic supports, health and wellness, life skills programs, mentorship, crisis intervention, clinical mental health services, and positive youth development activities. We serve over 130 youth annually at our current facility, and expect that number could grow to over 200 with a new building.

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

The primary benefits of this specific project will be to secure a safe, permanent location for our current youth participants and to expand our capacity to enroll additional children in our youth development programming. We will measure this outcome using attendance records.

**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 the contract?**

Funds would be returned to state for failure to meet deliverables.

**15. Requester Contact Information**

a. **First Name**  **Last Name**

b. **Organization**

c. **E-mail Address**

d. **Phone Number**  **Ext.**

**16. 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**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number