



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2209

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide water-safety courses and swimming certifications to members of under-resourced communities of people of color. Research indicates that Black people are nearly twice more likely to die in a drowning accident than White people. Black children face a much higher risk of dying by drowning than adults. Drowning is preventable. Thus, the achievable goal of this funding is to help reduce unintentional drowning deaths in communities of color.

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	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	87%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	7,400	6%
Other	7,850	7%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>115,250</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.

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

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



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### 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

**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.**

**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	Program administration, strategic planning and oversight, implementation and management of goals and objectives	12,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel and mileage reimbursement	2,500
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Lifeguards, janitorial services, volunteers, support staff	20,000
Expense/Equipment/Travel/Supplies/Other	Equipment, program supplies, incentives, transportation, facilities usage	60,000
Consultants/Contracted Services/Study	Training, certifications, professional development, compliance and monitoring	5,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**14. Program Performance**

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

To provide water-safety courses and swimming certifications to members of under-resourced communities of people of color. Research indicates that Black people are nearly twice more likely to die in a drowning accident than White people. Black children face a much higher risk of dying by drowning than adults. Drowning is preventable. Thus, the achievable goal of this funding is to help reduce unintentional drowning deaths in communities of color.

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

Water safety courses and swimming certifications.



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

Swimming, aquatic fitness and education, certifications, social emotional engagement.

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

The target population is community members of all ages in under-resourced, high-need areas of people of color. We expect to serve 200 - 400 participants.

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

There are several expected benefits and outcomes for this project. (1) Improve physical health: Increase physical health with routine access to aquatic fitness with increasing levels and exposures to promote endurance and stamina. Various assessments to measure mastery of water safety including swimmer and lifeguard levels. (2) Improve mental health: Improved mental health due to reduced fear of water or unintentional drowning with guided support. Usage of pre- and post-assessment of participants to demonstrate the increased comfortability in and around water. (3) Create specific immediate job opportunities: Provide training and resources for aquatic certification which could lead to employment. Successful completion of lifeguard certification after swim mastery is the method of measurement.

**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?**

If a nonprofit entity fails to meet state standards, deliver promised programs, lack performance or standards, the entity shall be afforded the opportunity by the state officials to fix the problem.

**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**

**e. E-mail Address**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number