

1. Project Title	YMCA State Alliance - Safety Around Water/Drowning Prevention

2. Senate Sponsor Ed Hooper

3. Date of Request 01/31/2023

4. Project/Program Description

The program teaches drowning prevention techniques along with basic swimming skills, education, and awareness to adults and children that are at-risk of drowning.

5. State Agency to receive requested funds

Department of Health

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	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 2023-2024	2,000,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	2,000,000	451	No	

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

2,000,000	

b. Describe the source of funding that can be used in lieu of state funding.

We are working to foster relationships with partners and funders that can support the YMCA Safety Around Water program for future sustainability and expansion.

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

No

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



Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

OPlanning ODesign OConstruction

- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?

d.	What is	the	estimated	completi	on date	of	construction?
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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director/Operations Director (partial salary)	
Other Salary and Benefits	Operations/Administrative support through Florida State Alliance of YMCAs Foundation	3,000
Expense/Equipment/Travel/Supplies/ Other	Travel, Administrative Equipment	2,000
Consultants/Contracted Services/Study	Fiscal Agent & Auditor	5,000
Operational Costs: Other		
Salary and Benefits	Staff support to provide training, on boarding, and management of the Safety Around Water sites.	80,000
Expense/Equipment/Travel/Supplies/ Other	Local grants awarded to YMCA and partners to offer the YMCA Safety Around Water program. Local grants awarded to YMCA and partners to create or expand local drowning prevention task forces. Conduct aquatic training(s) to communities that are in need of lifeguards and swim instructors. Continued support for WaterSmartFL state drowning prevention task force and water safety campaign with local partners.	1,900,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

14. Program Performance

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

Increase access to drowning prevention lessons, education and resources to reduce the number of drownings in the state.

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



Water Safety and Swim lessons that have specific tactics to teach students to be safe in and around the water. Community awareness campaigns through strengthening drowning prevention task forces. A Statewide marketing campaign geared to teach citizens about supervision, use of barriers, learn to swim and rescue.

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

Water safety/swim lessons, education materials, and local drowning prevention support through local drowning prevention task forces.

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

The target population are people that are most at risk of drowning. These risk factors include children and adults, access to water, and counties with the highest counts and rates of drowning.

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

Expected benefit is to have more kids that are equipped with drowning prevention strategies. Participants will be tested at the start and end of the program. The number that pass will serve as the 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?

Funds would be withheld and not reimbursed.

15. Requester Contact Information

a. First Name	Scott		Last Name	Fahrney
b. Organization	Florida State Alliance of YMCAs			
c. E-mail Address	scott@flc	oridaymcas.org		
d. Phone Number	(727)742	-5501	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	Florida S	tate Alliance of Y	MCAs Found	dation
b. Municipality and	d County	Statewide		
c. Organization Ty	ре			
□For Profit Entity				
⊠Non Profit 501(c)1(c)(3)			
□Non Profit 501(c	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please s	oecify)			
d. First Name	Lynne		Last Name	Wilcox
e. E-mail Address	lynne@fl	oridaymcas.org		
f. Phone Number	(312)405	-9636		



LFIR # 1257

17. Lobbyist Contact Information

a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	