

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Milton Community Center Expansion

Senate Sponsor: Doug Broxson
 Date of Submission: 11/14/2017

4. Project/Program Description:

Study and design for expansion of the community center - analyze the costs to expand the community center to meet the growing needs of the elderly and at-risk youth population.

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Economic Opportunity
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
287,500		287,500

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

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	287,500	50.0%
Other	0	0.0%
TOTAL	287,500	50.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 575,000

9. Previous Year Funding Details:

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



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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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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?

Analyze the costs to expand the community center to meet the growing needs of the elderly and at-risk youth population.

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

<u>The City of Milton would contract with consultants to prepare plans for the expansion of the community center.</u>

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☐Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		



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☑Consultants/Contracted Services/Study	The City of Milton would contract with consultants to prepare plans for the expansion of the community center.	287,500
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		287,500

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

<u>Increased access to to fitness classes for senior citizens and school classes for at-risk youth. Also, increased capacity for storm shelters for emergencies.</u>

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

 Senior and at-risk youth population. Approximately 2,000 individuals could directly benefit.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Improved health for seniors and improved opportunities for youth to excel.

- 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 including withholding of funds.
- 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.

 City of Milton
- 13. Requestor Contact Information:

a. Name: Brian Watkins

b. Organization: City of Milton

c. Email: <u>Brian.watkins@ci.milton.fl.us</u>d. Phone Number: (850)983-5411

14. Recipient Contact Information:

a. Organization: City of Milton

b. County: Santa Rosac. Organization Type:



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O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Entity

O University or College

• Other (Please specify) municipality

d. Contact Name: Brian Watkins

e. E-mail Address: Brian.watkins@ci.milton.fl.us

f. Phone Number: (850)983-5411

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

a. Name: Jennifer Green

b. Firm: <u>Liberty Partners of Tallahassee</u>c. Email: <u>Jennifer@libertypartnersfl.com</u>

d. Phone Number: (850)841-1726