



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Oviedo Senior Center / Senior Shelter

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Renovation of existing facility in order to transition into a Senior Center / Senior 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 Elder Affairs

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
	1,500,000	1,500,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

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:	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?

Yes

a. If yes, indicate non-recurring amount per year.

Yes, \$1-3 million for recurring operational expenses.

11. Program Performance:

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

Meeting a growing senior base recreational programming plan, as well as providing a shelter for seniors.

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

A complete senior program to service citizens 55+.

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<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, renovation, land plan, and engineering	1,500,000
TOTAL		1,500,000

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

A complete senior program to service those individuals 55+.

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

Elderly persons, economically disadvantaged persons, physically disabled, and other. 101-200 will be expected to be served.

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

Improved physical & mental health, enrich cultural experience, improve quality of education, and protect the general public from harm.

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 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.

City of Oviedo.

13. Requestor Contact Information:

- a. **Name:** Dru D. Boulware
- b. **Organization:** City of Oviedo
- c. **Email:** dboulware@cityofoviedo.net
- d. **Phone Number:** (407)971-5561

14. Recipient Contact Information:

- a. **Organization:** City of Oviedo
- b. **County:** Seminole
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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☐ Non Profit 501(c) (4)

☒ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Bryan Cobb

e. E-mail Address: bcobb@cityofviedo.net

f. Phone Number: (407)971-5506

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

a. Name: Chris Carmody

b. Firm: Gray Robinson

c. Email: Chris.carmody@gray-robinson.com

d. Phone Number: (407)843-8880