



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2448

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Currently, we are not able to serve anyone with physical disabilities due to outdated and insufficient infrastructure. These funds will support construction of infrastructural support to bring Immokalee to ADA compliance allowing the ability to serve those in need of all abilities including veterans. Our goal is to make Immokalee a therapeutic environment for physical and mental wellness that will help heal the visible and invisible wounds of combat.

5. **State Agency to receive requested funds**

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="500,000"/>
Total State Funds Requested	<input type="text" value="500,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="500000"/>	<input type="text" value="56.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="400,000"/>	<input type="text" value="44"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="900,000"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text" value="2019-20"/>	<input type="text" value="00"/>	<input type="text" value="500,000"/>	<input type="text" value="466A"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will 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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Dollars will be used to create additional pathways, facilities and permanent program elements for use by individuals with physical disabilities.	500,000
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

Currently, Immokalee is not equipped to provide services to anyone with physical disabilities. Dollars from the state will be used in conjunction with matching dollars and fundraising dollars to make Immokalee accessible to physically disabled members of our community. Improving our space will allow more intentionality and growth in our existing strategies to support military families and veterans, as well as youth and seniors.

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

Physical and mental wellness programs for all veteran groups, military family support programs, senior health and wellness, and youth health and wellness.

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

(1) Adaptive ropes course - basic upper body strength training, hand eye coordination and functional movements, team building, and balance . (2) Access to swimming pool - wheel chair access devices will allow participants with disabilities to participate in cardiovascular wellness programming and aquatic aerobics programming. (3) Adaptive horseback riding and archery. (4) Access to adaptive sports and community programming.

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

Target populations are as follows: Elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, developmentally disabled, physically disabled, grade school students, high school students, university students, active military personnel and their families and veterans and their families.

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

Improved physical health- Being engaged in an outdoor active environment will help to improve the physical health of all participants. Participants will be surveyed to determine growth in overall physical wellness post participating in outdoor activities. Improved mental health-Outdoor activity helps reduce stress and provides relief for anxiety and depression. PTSD is a condition that plagues our veteran community and outdoor activity helps to heal the invisible wound of combat. Pre- and post-quality of life surveys will be conducted with participants to determine improvement. Enriched cultural experience- Participants will be exposed to a diverse and inclusive environment as a result of this project. Through the residential experience, participant profiles are tracked. The goal is to work toward participant types that mirror the communities we serve. Create immediate job opportunities- at least 25 new positions will be created as a result of the project.

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 in the contract?

Money per day due to not meeting the minimum requirements as provided.



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12. **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.**

YMCA of Florida's First Coast.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.