



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1007

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The project will promote water safety through swim lessons for children up to age 4 in Pasco, Pinellas, Manatee, Hillsborough, Broward, and Miami-Dade Counties. By promoting water safety, the number of child drowning deaths will decrease and health care costs from survivors of near drowning will be reduced.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>200,000</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.

We're not aware of funding sources provided to organizations to provide lessons on a statewide basis (or to create a portal that directs parents to local resources for long term swim safety opportunities).

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



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

**11. 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	Compensation for staff to create the grant application process within the targeted counties, review submitted grant applications, and oversee grantees.	10,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Grant awards to organizations within the targeted counties for the purpose of providing additional swim lessons.	190,000
<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>200,000</b>

**12. Program Performance**

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

Reducing drowning and near drowning of children up to age 4.

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

Public outreach to promote water safety through swim lessons and funding swim lessons for an organization in each of the targeted counties.

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

Swim lessons for children up to age 4.

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

Preschool students. At least 600 children will receive swim lessons.

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

The benefits of the program include improved physical and mental health and reduction in injuries from drowning or near drowning for children up to age 4, measured by completion of swim lessons by children up to age 4 and tracking of drowning deaths in the targeted counties.

**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?**

Cessation of funding if swimming lessons are not provided.



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13. 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.

N/A



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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