



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1490

1. Project Title Shawn Delifus Foundation Inc (Water Safety, Lifeguard, Tutoring, Nutrition & Senior & Vet In Motion)

2. Senate Sponsor Randolph Bracy

3. Date of Request 11/16/2021

#### 4. Project/Program Description

To provide water safety through swimming to as many children in the surrounding communities to help reduce drowning and to establish a network of future lifeguards within the community as well as jobs for the youth and young adults. Mathematic tutoring will be offered to help the student improve performance, as well as testing aimed to improve attitude towards learning. Teaching nutrition methods and providing exercise to adults and seniors to help promote healthy living, ultimately seeking to live a longer life.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	270,520
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>270,520</b>

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	270,520	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 2022-2023</b>	<b>270,520</b>	<b>100%</b>

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 200,000

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

No other sources specified.

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

No



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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	Principal, Overall Programs administered for planning ,management and deployment of Shawn D. Delifus Foundation goals and objectives.	15,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Equipment and other supplies.	5,000
Consultants/Contracted Services/Study	Overall direct training costs for all programs for community is contract services for teachers, Instructors, trainers, Accountant, Secretary, lifeguards, Janitorial and other miscellaneous volunteer workers.	70,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Board Members	110,520
Expense/Equipment/Travel/Supplies/Other	Facility rental where services will be held and various supplies needed to complete each program.	40,000
Consultants/Contracted Services/Study	Capacity building, compliance and monitoring, statistics consultation and management, media, advertising and long-range planning for growth	30,000
<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>270,520</b>

#### 12. Program Performance

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

To provide water safety through swim to as many children in the surrounding communities to help reduce drowning and to establish a network of future lifeguards in the community as well as jobs for the youth and young adults. Mathematic tutoring will be offered to help the student improve performance as well as testing and also improves attitude towards learning. Teaching nutrition methods and providing exercise to adults and seniors to help promote healthy living seeking to reach a longer life.

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

Swimming, exercise, tutoring and nutritional education, Math tutoring, and lifeguard training.

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

Swimming, exercise, nutritional education, Math Tutoring, lifeguard certification, senior and veterans activities.

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

Elderly persons; Persons with poor mental health and poor physical health; Jobless persons; Economically disadvantaged persons; At-risk youth; Homeless; Preschool students; Grade School Students; High School Students; University/College Students. Intended to serve between 201 - 400 persons.

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



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Improve physical health - tracking meals daily to be aware of what you are eating in order to keep weight under control, and learning how to shop healthy. Daily exercise regiment increasing levels a little each day to promote stamina and endurance. Teaching swimming will reduce drowning rates and increase lifeguards which will generate jobs. The various assessments will be weighing, increasing levels during exercise, issue progress reports on those who are learning to swim and are being tutored for math. Lifeguards will go through a regiment swimming laps and performing rescue missions.

Improve mental health - During wet-water training sessions and indoctrination, we are cognizant of the issues that some students may have a fear of water or may be indifferent to our training, we have a licensed mental health social worker on board who identifies this behavior and immediately works with that individual or group in real-time. Assessed via counselor feedback.

**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?**

Revoke funding.

**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