



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1587

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will build upon phase 1 funding to construct an ADA compliant, multipurpose and dining facility at Immokalee allowing service to all physical abilities including, but not limited to, veterans and the Keystone Heights community at large. Our goal is to make Immokalee an environment for physical and mental wellness that will serve as a support to the community in times of need by providing emergency shelter, food and meal distribution and community health education and support.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	900,000
Total State Funds Requested	900,000

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)	900,000	36%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,600,000	64%
Total Project Costs for Fiscal Year 2022-2023	2,500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	200,000	459A	No

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.

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.

The YMCA of Florida's First Coast received \$2.5M in support of financial recovery efforts from the negative operational effects of a mandatory closure during the pandemic.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Dollars will be used to construct a multipurpose ADA compliant facility that can accommodate permanent program elements for individuals with and without disabilities. The building can also be used by local municipality in times of emergency providing shelter and distribution site for supplies/meals.	900,000
Total State Funds Requested (must equal total from question #6)		900,000

12. Program Performance

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

The requested funds will support construction of an ADA compliant, multipurpose and dining facility at Immokalee allowing service to those in need of all physical abilities including, but not limited to, veterans and the Keystone Heights community at large. Our goal is to make Immokalee an environment for physical and mental wellness that will serve as a support to the community in times of need by providing emergency shelter, food and meal distribution and community health education and support.

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, youth health and wellness.

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

Provide food and meal distribution, emergency supplies and shelter for the community, and surrounding service areas. Serve as a location for community health screenings, vaccination education and distribution in partnership with health partners. Provide space for expanded programming to support children, veterans, active duty service members and members of the community with unique abilities.

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

Target population for this project includes elderly persons, persons with poor physical and mental health, at risk youth, economically disadvantaged individuals, physically and developmentally disabled individuals, active military and veterans.

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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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.

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?

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

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.

YMCA of Florida's First Coast. Non Profit 501(c)(3).



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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