

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1243

1. Project Title	Andrew and Alex Swim	ming Institu	te (AASI)			
2. Senate Sponsor	Shevrin Jones					
3. Date of Request	11/13/2023					
4. Project/Program De	escription					
Dade and Broward C drowned in a lake in learns to swim while AASI will be conduct	nd Community Developme County. PSCDG offers a further Miami Dade County. The enhancing their social skitted year round (4 sessions by certified swim instruct	all swimming goal of A ar ills and acad s). Swim les	g curriculum in honor on nd A Swimming Institu lemic performance, an sons will take place at	of Alex & Andrew, two te (AASI) is to ensu and knowledge of wa	vin brothers who sadly ire that every participant ter safety procedures.	
5. State Agency to rec	ceive requested funds	Departm	nent of Health			
State Agency conta	cted? Yes					
C. Amount of the Norm		I V 0	204 2005			
6. Amount of the Nonr	ecurring Request for Fis	scai Year 20	J24-2025 		1	
Type of Funding			Amo	unt		
Operations				800,000		
	Fixed Capital Outlay			0		
Total State Funds Requested			800,000			
7. Total Project Cost f	or Fiscal Year 2024-2025	(including	matching funds ava	ilable for this proj	ect)	
					1	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from question #	<i>‡</i> 6)	Amount 800,000	Percentage 80%		
Total State Funds Romatching Funds	equested (from question #	<i>‡</i> 6)	800,000	80%		
Total State Funds Romatching Funds Federal		<i>‡</i> 6)	800,000	80%		
Total State Funds Romatching Funds Federal State (excluding the	equested (from question #	/ 6)	800,000 0 0	80% 0% 0%		
Total State Funds Romatching Funds Federal State (excluding the Local		¢6)	0 0 0	80% 0% 0% 0%		
Total State Funds Romatching Funds Federal State (excluding the Local Other	amount of this request)		800,000 0 0 200,000	80% 0% 0% 0% 20%		
Total State Funds Romatching Funds Federal State (excluding the Local Other			0 0 0	80% 0% 0% 0%		
Total State Funds Remarks Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this request)	25	800,000 0 0 200,000	80% 0% 0% 0% 20%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project presented for the project of the p	amount of this request) s for Fiscal Year 2024-20	25	800,000 0 0 200,000 1,000,000 No Specific	80% 0% 0% 0% 20%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	amount of this request) for Fiscal Year 2024-20 eviously received state f Amount	25	800,000 0 0 200,000 1,000,000	80% 0% 0% 0% 20% 100%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project presented for the project of the p	amount of this request) for Fiscal Year 2024-20 eviously received state f Amount	25 unding?	800,000 0 0 200,000 1,000,000 No Specific	80% 0% 0% 0% 20% 100%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project presented for the project of the p	amount of this request) for Fiscal Year 2024-202 eviously received state for Amount Recurring Nor	25 unding?	800,000 0 0 200,000 1,000,000 No Specific	80% 0% 0% 0% 20% 100%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project prefered (yyyy-yy) 9. Is future funding like	amount of this request) for Fiscal Year 2024-202 eviously received state for Amount Recurring Nor	25 unding?	800,000 0 0 200,000 1,000,000 No Specific Appropriation #	80% 0% 0% 0% 20% 100%		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate ne	amount of this request) for Fiscal Year 2024-202 eviously received state for Amount Recurring Normal Normal Recurring Normal Recurrence Normal Recurring Normal Recurrence Normal Recurring Normal Recurring Normal Recurring Normal Recurring Normal Recurring Normal Recurrence Normal Recurrence N	25 unding? nrecurring year.	800,000 0 0 200,000 1,000,000 No Specific Appropriation # Yes 800,000	80% 0% 0% 20% 100% Vetoed		
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project preserved (yyyy-yy) 9. Is future funding like a. If yes, indicate new b. Describe the soul In lieu of state funding	amount of this request) for Fiscal Year 2024-202 eviously received state for Amount Recurring Normal Norm	25 unding? nrecurring year. be used in	800,000 0 200,000 1,000,000 No Specific Appropriation # Yes 800,000 lieu of state funding.	80% 0% 0% 20% 100% Vetoed		



11. Status of Construction

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No			
If yes, indicate the amount of funds received and what the funds were used for.			

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?						
Planning	O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e permitted)?						
c. What is the estimated start date of construction?						
d. What is the es	stimated comple	tion date of construc	tion?			
12. List 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.						

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Experienced Swim instructors needed to serve at-risk youth and provide Swim lessons = \$140,000 Facilitator Lead 20% Time X \$157,500 = \$31,500 Benefits (FICA 7.65%, Worker's Comp .44%, Retirement 2%, Health Insurance 10%, Unemployment 2%) = \$37,800	209,300		
Expense/Equipment/Travel/Supplies/ Other	Curriculum materials for students/Program Supplies & Pool use & fees (\$300 per student x 1969) participants)	590,700		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	800,000		

14. Program Performance

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



□University or College

□Other (please specify)

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	ajor cause of death in Sou safety tools and proficien	oth Florida. The main goal of this project is teach as many children and ad nt swimming techniques.	ults
b. What activities	and services will be pro	ovided to meet the intended purpose of these funds?	
All participants w other water safety		rogram. They will learn how to swim, how help someone who is drowning,	and
c. What direct se	rvices will be provided t	to citizens by the appropriation project?	
Citizens will learn	n how to swim		
d. Who is the tar	get population served by	y this project? How many individuals are expected to be served?	
We expect to ser 10 to 18), and the	ve 1000 participants. We ir families in Miami Dade	are targeting economically disadvantaged/ at risk youth (ages county	
e. What is the exbe measured?	pected benefit or outcor	me of this project? What is the methodology by which this outcome	will
PSCDG anticipat	es this program will sever success using pre and po	rely reduce the number of drowning deaths of children in Miami Dade Coust test for each participant.	inty.
		the contracting agency may consider in addition to its standard pen mance measures provided for the contract?	alties
Reduction in fund	ding		
15. Requester Contac	et Information		
a. First Name	Nadege	Last Name Vilsaint	
b. Organization	Prosperity Social and C (PSCDG)	Community Development Group Inc	
c. E-mail Address	nvilsaint@p-scdg.org		
d. Phone Number	(786)773-1345	Ext. 401	
16. Recipient Contact	t Information		
a. Organization	Prosperity Social and C Development Group Inc		
b. Municipality an	d County Miami-Dade		
c. Organization Ty	уре		
□For Profit Entity	/		
☑Non Profit 501((c)(3)		
□Non Profit 501((c)(4)		
□Local Entity			



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d. First Name	Nadege	Last Name	Vilsaint	
e. E-mail Address	nvilsaint@p-scdg.org			
f. Phone Number	(786)773-1345			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				