

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Young Men's Christian Association (YMCA) Safety Around Water
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Julio Gonzalez
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
This is a reimbursement grant, Department of Health would deny reimbursement.

6. Requester:

- a. Name: John Trombetta
- b. Organization: Florida Alliance of YMCAs
- c. Email: john@floridaymcas.org
- d. Phone #: (850)320-8319

7. Contact for questions about specific technical or financial details about the project:

- a. Name: John Trombetta
- b. Organization: Florida Alliance of YMCAs
- c. Email: john@floridaymcas.org
- d. Phone #: (850)320-8319

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Chris Dudley
- b. Firm: Southern Strategy Group
- c. Email: dudley@sostrategy.com
- d. Phone #: (850)671-4401

9. Organization or Name of entity receiving funds:

- a. Name: Florida Alliance of YMCAs Foundation
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To provide drowning prevention awareness, education and basic water safety skills to Florida communities.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	President/CEO	17,500
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	YMCA to hire Program Director/Manager to manage Statewide Drowning Prevention Task Force, Marketing Campaign, Educational Design (in class curriculum following the Sunshine State Standards) and training for local Ys	45,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Grants awarded to Local YMCAs & Partners to offer YMCA Safety Around Water, assist in a Statewide Water Safety Campaign, Statewide Aquatics Training(s) to build common terminology and advocates for Water Safety Programs. Establishment of	185,000

	Drowning Prevention Task Forces	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Fiscal Agent	2,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

YMCA of the USA, multiple Florida county & city partnership with the YMCA around drowning prevention, water safety, and local coalitions (Broward County, South Palm Beach County, Lake County, etc), Water Safety Campaigns within Florida Department of Health, Florida Department of Children & Families, Florida Blue Foundation, Children Death Review Committee?s Annual Report from December 2016, In the report highlights recommendations around water safety.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Florida Department of Children & Families Reports, Florida Department of Health reporting in CHARTS, Children Death Review Committee Annual Report , In 2007, a study on the correlation of pool drowning deaths with number of residential swimming pools by county (2005-2007) and published in the International Journal of Aquatic Research & Education, CDC Water Related Injuries collected Yearly, World Health Organization Report on Drowning.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Marketing Campaign, Direct swim lesson money, job training for swim instructors and lifeguards, and any work the local task forces do.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Education of water safety (from the Marketing Campaign), Swim Lessons for children & adults, Job Training for lifeguards

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

< 25

25-50

- 51-100
- 101-200
- Ⓞ201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Achievement of skills, belonging	Skill test and passing of skills in the Program
<input checked="" type="checkbox"/> Improve mental health	Swimming improves mental health through commitment to a sport	Number of participants in the program
<input checked="" type="checkbox"/> Enrich cultural experience	Provide opportunities to impact minorities	Number of participants in the program
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Learning a basic water safety skill that can save their life provides an opportunity for critical thinking and decision making skills, reading within classroom portion of the course	Number of participants in the program and skills achieved
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Create general public awareness around water safety	Creation of local drowning prevention task forces to sustain Safety Around Water efforts
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Additional Lifeguard & Swim Instructor Staff	Number of new lifeguards and swim instructors are hired during the program
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	44.6%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	No
5. Other:	310,000	55.4%	Yes
TOTAL	560,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M