

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Tavares Senior Center - New Construction
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Jennifer Sullivan
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 Elder Affairs
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 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.

All funds appropriated through this request must be fully expended for the purposes listed in this current request form within the funding period. If the appropriations recipient organization should determine that the full appropriation will not be expended during this funding period, the organization must return all appropriations and submit a new funding request form for the following appropriations cycle.

6. Requester:

- a. Name: Tamera Rogers
- b. Organization: City of Tavares
- c. Email: trogers@tavares.org
- d. Phone #: (352)742-6338

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

- a. Name: Scott Aldrich
- b. Organization: City of Tavares
- c. Email: saldrich@tavares.org
- d. Phone #: (352)742-6477

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: City of Tavares
- b. County (County where funds are to be expended): Lake
- c. Service Area (Counties being served by the service(s) provided with funding): Lake

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?

The City of Tavares Senior Center construction project is projected to be a \$1,600,000 new development to include classrooms, activity space, social lounges, outdoor bocce ball courts and a pickleball court. The requested funding will help to supplement other grant and budgeted dollars for project design, engineering and construction. Once constructed on City-owned property, the Senior Center will be managed by the Recreation Department and maintained by the Facilities Management Department.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Project design, engineering and construction	500,000
TOTAL		500,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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:

At the recent Tavares City Council budget hearings for the upcoming FY2020 budget, Vice Mayor Lori Pfister offered her support and City Council voted to approve the Tavares Senior Center in the official Capital Improvement Plan for the City. Additionally, approximately 150 community residents signed a petition to build bocce ball courts, adding to the Senior Center project.

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:

The City of Tavares Parks Master Plan, completed by Bellomo Herbert & Company, Inc in 2008 call for the City to construct bocce ball courts on the projected property as well as an indoor recreation community center for the residents.

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?

With funding approved, the City of Tavares will construct the Senior Center, and in turn, offer activities to the community such as games, social dances, cooking classes, senior yoga and Tai Chi classes. Outdoor activities including bocce ball and pickleball will also be incorporated into the Senior Center design.

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

With the construction of the Senior Center, daily services will be available to our senior community throughout the year. Classes, social gatherings, games and fitness opportunities will be open to area residents within this demographic. Staff members will plan and program services aimed to enrich and enhance the lives of our senior community by creating opportunities for socialization and activities among residents. The Senior Center will be a

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	Increase flexibility and improve the heart rate of seniors participating in the exercise classes.	Test and evaluate flexibility and heart rate of each individual before the classes and then again after the program sessions end to evaluate the improvement in both categories.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Utilize local and regional engineers/contractors for the design and construction of the Tavares Senior Center.	Evaluate all purchase orders processed and pay applications received from the project.

<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increase the number of staff members employed by the City of Tavares to work in the Tavares Senior Center.	Evaluate the additional full-time and part-time employees hired as a result of building the Tavares Senior Center after completion.
<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 2020-21 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:	500,000	31.3%	N/A
2. Federal:	600,000	37.5%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	500,000	31.3%	No
5. Other:	0	0.0%	No
TOTAL	1,600,000	100%	

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

No