

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: STARS Complex Expansion
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Heather Fitzenhagen  
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<br>for FY 2017-18<br>(If appropriated in 2017-18 enter the<br>appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request<br>for FY 2018-19<br>(Requests for additional RECURRING funds are prohibited.) |                                 |  |
|--------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column:            | A   | B                                   | C  | D  | E                               | F  |
| Funds Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>Funds | Total Funds<br>Appropriated<br><br>(Recurring plus<br>Nonrecurring:<br>column A + column<br>B) | Recurring Base<br>Budget<br><br>(Will equal non-<br>vetoed amounts<br>provided in Column<br>A)           | Additional Nonrecurring Request | TOTAL Nonrecurring plus<br>Recurring Base Funds<br><br>(Will equal the amount<br>from the Recurring base in<br>Column D plus the<br>Additional Nonrecurring<br>Request in Column E.) |
| Input<br>Amounts:  |   |                                     |  |  | 3,125,000                       | 3,125,000  |

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 Economic Opportunity
  - 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.  
Allow the state to play a more active role in establishing programming

6. Requester:

- a. Name: Saeed Kazemi
- b. Organization: City of Fort Myers
- c. Email: skazemi@cityftmyers.com
- d. Phone #: (239)321-7217

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

- a. Name: Amber P Smith
- b. Organization: City of Fort Myers
- c. Email: apsmith@cityftmyers.com
- d. Phone #: (239)321-7462

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 Fort Myers
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Lee

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 goal that will be achieved with this funding is construction of 25,000 sq. ft. building to meet the increased recreational, community and emergency shelter needs of its citizens.

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

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>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 | Construction of 25,000 sq ft<br>multipurpose center | 3,125,000  |
| TOTAL  |   | 3,125,000  |

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:

Stars Complex Management Advisory Board

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:

STARS Master Plan completed in 2010

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?

The funds will be used for capital construction of the facility. The facility however will provide direct services to the elderly, youth, economically disadvantaged ect.

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

The expansion will increase services by an additional 125 children in the After School Program and summer camps; accommodate 10-15 additional youth and adult recreation and community based activities; and allow for a 1,000 person estimated capacity Hurricane/Disaster shelter.

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  | Reduce the number of youth and adults in the City plagued by lack of physical activity and poor eating habits | Recording semiannual results after program start up to determine factors such as weight loss, decreased medication, and overall wellness  |
| <input type="checkbox"/> Improve mental health   |   |   |
| <input checked="" type="checkbox"/> Enrich cultural experience   | Increase the number of cultural programs and activities that enhance the quality of life for our citizens     | Recording the number of attendees to the programs   |
| <input type="checkbox"/> Improve agricultural production/promotion/education                             |   |   |
| <input checked="" type="checkbox"/> Improve quality of education   | Decrease the number of retained students in grades K-8  | Record progress through interim and quarterly reports through the after-school program and assess plans that will provide a course of action for improvement                      |
| <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.) | Increase the number of available disaster/hurricane shelter within the City Limits                            | The City of Fort Myers has limited options for disaster or high category storm shelters available within the City Limits. This will provide access to a shelter for our citizens. |
| <input type="checkbox"/> Improve transportation conditions   |   |   |
| <input type="checkbox"/> Increase or improve economic activity   |   |   |
| <input type="checkbox"/> Increase tourism  |   |   |
| <input type="checkbox"/> Create specific immediate job opportunities                                     |   |   |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency              | Increase the number of educational,   | Recording economic demographic data of participants of a 12-36 month  |

|  |  |  |
|--|--|--|
|  | career and entrepreneur fairs  | period   |
| <input type="checkbox"/> Reduce recidivism                                       |  |  |
| <input type="checkbox"/> Reduce substance abuse                                  |  |  |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Decrease the number of juvenile offenders through neighborhood judicial systems and teen crime prevention programs | Coordinate efforts with local police to record levels of percentages of new and repeated offenders |
| <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: | 3,125,000 | 67.6%            | 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:  | 1,500,000 | 32.4%            | No  |

|           |           |      |    |
|-----------|-----------|------|----|
| 5. Other: | 0         | 0.0% | No |
| TOTAL     | 4,625,000 | 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