



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Regional EOC & Public Safety Building

2. **Senate Sponsor:** Jose Rodriguez

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

The architectural and engineering design of the new Regional EOC & Public Safety Building, as well as preconstruction management services.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Law Enforcement

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,500,000	1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	1,021,542	40.5%
TOTAL	1,021,542	40.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,521,542

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The requested funds would allow the completion of the architectural and engineering design of the building including the preconstruction management services.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Design and preconstruction services.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Architectural design and	1,500,000



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	preconstruction consultant service fees	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

d. What are the direct services to be provided to citizens by the appropriations project?

The new Public Safety Building will be home to the City's police and fire administration headquarters, 911 call center, first responder dispatch center, and a regional EOC command and operations center. It will be located in the City's downtown and will provide services to City and county residents.

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

The target population are the residents of Coral Gables and Miami Dade County.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected outcome is a state of the art public safety facility that benefits all local citizens.

g. 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 in the contract?

n/a

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The City of Coral Gables will own and operate the facility.

13. Requestor Contact Information:

- a. **Name:** Cathy Swanson-Riverbark
- b. **Organization:** City of Coral Gables
- c. **Email:** Nlevi-garcia@coralgables.com
- d. **Phone Number:** (305)460-5202

14. Recipient Contact Information:

- a. **Organization:** City of Coral Gables
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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☐ Non Profit 501(c) (4)

☒ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Cathy Swanson-Riverbark

e. E-mail Address: Nlevi-garcia@coralgables.com

f. Phone Number: (305)460-5202

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Nelson Diaz

b. Firm: Southern Strategy

c. Email:

d. Phone Number: (305)421-6304