



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Facility Improvements for City of Hialeah Owned Elderly Housing Buildings

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

This project is to rehabilitate five (5) City-owned Elderly Housing properties to improve their energy efficiency and bring the buildings up to current code.

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?

Florida Housing Finance Corporation

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
	3,264,000	3,264,000

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)	3,264,000	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	3,264,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,528,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

**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?**

These funds will be used to provide facility improvements to various City-owned elderly housing properties in order to improve their energy efficiency and bring the buildings up to current code. Specifically, the buildings for the proposed improvements are Villa Esperanza (32 units - 1470 W 38th Place & 1480 W 38th Place, Hialeah, FL 33012), Martin Luther King (8 units - 470 W 23rd Street, Hialeah, FL 33010), Villa Aida (57 units - 20 W 6th Street, Hialeah, FL 33010), 29 Units (29 units - 55 E 9th Street & 70 E 10th Street, Hialeah, FL 33010), and Daisy & Rosa Gardens (300 units - 1340, 1350, 1360, 1370 W 26th Place, Hialeah, FL 33010).

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

Construction for facility improvements and ongoing maintenance of the buildings.

**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		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Facility improvements to improve energy efficiency and code compliance for the following City-owned elderly housing properties: Villa Esperanza (\$269,000), Villa Aida (\$560,000), Martin Luther King (\$77,000), 29 Units (\$338,000), and Daisy & Rosa Gardens (\$2,020,000)	3,264,000
TOTAL		3,264,000

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

Hundreds of elderly Hialeah residents live in these buildings and are given a safe shelter with meals and recreational activities.

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

600 individuals.

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

As a result of this project, the quality of life for over 600 elderly residents of City-owned properties will be improved. The supplementation of energy efficient improvements and compliance with current building codes will create a safer and more pleasant living environment. The majority of these buildings were built over 20 years ago, and thus are in need of modernization to help replace now dated building features such as elevators, windows, hallway lights, air conditioning units, etc.

**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?**

Consider other allowable uses of funds for other projects in process of completion by the City within the fiscal year.

**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.**



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City of Hialeah.

**13. Requestor Contact Information:**

- a. **Name:** Carlos Hernandez
- b. **Organization:** City of Hialeah
- c. **Email:** aquintana@hialeahfl.gov
- d. **Phone Number:** (305)883-8040

**14. Recipient Contact Information:**

- a. **Organization:** City of Hialeah
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Annette Quintana
- e. **E-mail Address:** aquintana@hialeahfl.gov
- f. **Phone Number:** (305)883-8040

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

- a. **Name:** Andreina Figueroa
- b. **Firm:** ADF Consulting
- c. **Email:** adf@adfconsulting.com
- d. **Phone Number:** (786)586-7001