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

1. Title of Project: Enhanced Sleeping Quarters for City of Hialeah EOC

Senate Sponsor: Rene Garcia
 Date of Submission: 12/15/2017

### 4. Project/Program Description:

This project is to supply the Jose Caragol Jr Emergency Operations Center (808 East 56th Street, Hialeah, FL 33010) with enhanced sleeping quarters to increase the bed count from 4 to 12 in order to better accommodate 8 different municipal governmental agencies out of Miami Dade County and their staff. This EOC serves the City of Hialeah, Medley, Hialeah Gardens, Virginia Gardens, Miami Lakes, Miami Springs, Opa Locka, and Doral.

### 5. State Agency Contacted? Yes

- a. If yes, which state agency? Executive Office of the Governor
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

#### 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
2,700		2,700

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

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	2,700	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	2,700	50.0 %

#### 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 5,400

### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- c. What is the most recent fiscal year the project was funded? 2014-15
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. 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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column 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 enhance the sleeping quarters of the Emergency Operations Center to allow representatives of the City of Hialeah and seven other participating agencies to continuously communicate with the public through social media, news reports, radio, etc., in times of crisis and over extended periods of time beyond regular working hours.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
 Ongoing maintenance of the bunk beds and sleeping quarters.

### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	6 bunk beds to accommodate 12 people (\$450 per bunk bed with twin mattresses)	2,700
□Consultants/Contracted Services/Study		
Operational Costs		



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□Salary and Benefits	
□Expense/Equipment/Travel/Supplies/Other	
□Consultants/Contracted Services/Study	
Fixed Capital Construction/Major Renovation	
☐Construction/Renovation/Land/Planning Engineering	
TOTAL	2,700

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

<u>Citizens shall receive the direct and proximate benefit by and through the continuity of their respective</u> <u>municipal governments ability to maintain police and fire services to locations in need and by securing the 8 agencies working out of the EOC ability to communicate with the public through social media, news reports, radio, etc., in times of crisis and over extended periods of time.</u>

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

Approximately over 450,000 citizens are affected. This EOC serves the City of Hialeah, Medley, Hialeah Gardens, Virginia Gardens, Miami Lakes, Miami Springs, Opa Locka, and Doral.

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

<u>The outcome shall be measured through increased bed count to accommodate 8 local munipical governments</u> out of Miami-Dade County.

- 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 the 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.

  City of Hialeah
- 13. Requestor Contact Information:

a. Name: Carlos Hernandez

b. Organization: Mayor, City of Hialeah
c. Email: aquintana@hialeahfl.gov
d. Phone Number: (305)883-8040



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### 14. Recipient Contact Information:

a. Organization: City of Hialeah

b. County: Miami-Dadec. Organization Type:

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

Local Entity

O University or College

O 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 Figueroab. Firm: ADF Consulting

c. Email: <a href="mailto:adf@adfconsulting.com">adf@adfconsulting.com</a> d. Phone Number: (786)586-7001