



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1149

**1. Title of Project:** Brockway Memorial Library North Expansion

**2. Senate Sponsor:** Jason Pizzo

**3. Date of Submission:** 02/05/2019

**4. Project/Program Description:**

Expansion of the existing library to include a children's wing and youth space to enhance and enrich library services for all of the Miami Shores Village youth.

**5. State Agency to receive requested funds :** Department of State

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	400,000
<b>Total State Funds Requested</b>	<b>400,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	400,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>400,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning	Construction of a new children's wing to the existing library	400,000
Engineering	structure to expand the space for children and youth programs.	
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>400,000</b>

**11. Program Performance:**

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

There is a great need for space for the expanded children's and youth programs that have increased in participants over the years.

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

This expansion will provide space to serve the increase in children and youth patrons. The expansion includes programs and the availability of a larger selection of reading materials and technology available.

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

This expansion will enrich the cultural experience for children and youth through reading materials, special programs that include the arts, and interactive technology.

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

The target population is the children and youth of Miami Shores Village with an expected reach of 400-800 individuals.

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

There will be enough space so that the library no longer needs to limit participation due to limited space for some of the programs which can be measured by the number of patrons who participate and visit the library.

**f. 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?**

Return funds to the State.

**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.**

Miami Shores Village

**13. Requestor Contact Information:**

**a. Name:** Tom Benton

**b. Organization:** Miami Shores Village



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c. **E-mail Address:** bentont@msvfl.gov

d. **Phone Number:** (305)754-6437

#### 14. Recipient Contact Information:

a. **Organization:** Miami Shores Village

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:** Tom Benton

e. **E-mail Address:** bentont@msvfl.gov

f. **Phone Number:** (305)754-6437

#### 15. Lobbyist Contact Information

a. **Name:** Jonathan Kilman

b. **Firm Name:** Gomez Barker Associates Inc

c. **E-mail Address:** fgomez@gomezbarker.com

d. **Phone Number:** (305)905-9801