



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1214

1. Title of Project: Lakeside Retirement Community Safe Room

2. Senate Sponsor: Manny Diaz

3. Date of Submission: 02/01/2019

4. Project/Program Description:

Preparation of planning and construction documents to construct this facility that will be a safe room.

5. State Agency to receive requested funds : Department of Elder Affairs

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	150,000
Total State Funds Requested	150,000

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)	150,000	75.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	50,000	25.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	200,000	100.0%

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		



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Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Design and Permitting	150,000
Engineering		
Total State Funds Requested (must equal total from question #6)		150,000

11. Program Performance:

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

This project will create the documents that are needed to facilitate the design and permitting for the construction of the Lakeside Retirement Center Safe Room.

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

This project will entail Design and Permitting activities and services.

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

The end result will be design of a safe room for the Lakeside Retirement Center.

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

Senior Residents. 82 mobile homes with 164 residents.

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

This room will provide a safe haven in the event of emergency situations (natural disasters, flooding, etc.).

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?

There would be a full audit conducted and the funding would cease.

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.

Town of Medley - Lakeside retirement Center.

13. Requestor Contact Information:

- a. Name:** Robert Martell
- b. Organization:** Town of Medley
- c. E-mail Address:** rmartell@townofmedley.com
- d. Phone Number:** (305)887-9541

14. Recipient Contact Information:



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- a. **Organization:** Town of Medley
- 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:** Jorge Corzo
- e. **E-mail Address:** Jcorzo@townofmedley.com
- f. **Phone Number:** (305)887-9541

15. Lobbyist Contact Information

- a. **Name:** Nelson Diaz
- b. **Firm Name:** Southern Strategy Group
- c. **E-mail Address:** diaz@sostrategy.com
- d. **Phone Number:** (305)421-6304