



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2067

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The City of Pembroke Pines is requesting \$288,000 to assist the city in the purchase of four new buses at \$80,000 each to provide more reliable and consistent transportation services for our elderly population. The City of Pembroke Pines, Community Services Department, Transportation Division, operates a senior transportation service free of charge. This program is at the core of senior citizens aging in place and remaining independent by providing transportation from the home of a senior to the senior center, medical and dental appointments, pharmacy, other service agencies, post office, banks, grocery stores, etc. The program currently consists of 16, 20-passenger buses and 5 cars with a yearly ridership of approximately 36,700. Over half of the vehicles are aging, require frequent repairs and downtime, which impacts the service and increases costs.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="288,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	288,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="288000"/>	<input style="width: 80%;" type="text" value="90.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="32,000"/>	<input style="width: 80%;" type="text" value="10"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	320,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="288,000"/>	<input style="width: 80%;" type="text" value="1989A"/>	<input checked="" type="checkbox"/> Yes

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Purchase of four new buses at an estimated \$80,000 per bus.	288,000
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		288,000



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11. Program Performance

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

Replacement of an aging fleet will allow continued level of service of a program that is core to senior citizens remaining independent and enjoying quality of life while aging in place.

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

Purchase of four new buses to replace aging vehicles that require frequent repairs and downtime.

- c. What direct services will be provided to citizens by the appropriation project?

Transportation from the home of a senior citizen to the senior center, medical and dental appointments, pharmacy, other service agencies, post office, banks, grocery stores, etc.

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

Approximately 36,700 senior citizens that utilize this program each year. Residents in the City of Pembroke Pines (est. population of over 171,000) and surrounding areas will benefit from a healthy, independent senior citizen population. Additionally, the program provides a statewide benefit by increasing access to transportation and health care services to seniors, strengthening quality of life, and preventing use of more expensive facilities, such as nursing homes and assisted living facilities.

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

Benefits: Increase in senior citizen independence by reducing the need of senior citizens to go into an assisted-living facility or nursing home; decrease in repair and maintenance vehicle expenditures. Measurement: Bus ridership rate.

- 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?

Failure to meet deliverables and performance measures will result in reduction or total loss of funding.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.