



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2068

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Design and construction of a new 3,004 s.f. therapy pool and therapy equipment.

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 type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="800,000"/>
<b>Total State Funds Requested</b>	<b>800,000</b>

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 type="text" value="800000"/>	<input type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>800,000</b>	<b>100</b> %

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Other Salary and Benefits		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Expense/Equipment/Travel/Supplies/Other		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Consultants/Contracted Services/Study		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Operational Costs: Other</b>		
Salary and Benefits		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Expense/Equipment/Travel/Supplies/Other		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Consultants/Contracted Services/Study		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design and construction of a new 3,004 s.f. therapy pool and therapy equipment.	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: right;">800,000</div>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>800,000</b>



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#### 11. Program Performance

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

To expand the City's aquatic center to include facilities for the physically challenged.

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

Physically challenged citizens of Hialeah Gardens will be able to receive treatment and rehabilitation services.

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

Funds will help acquire therapy equipment to help serve the physically challenged in the community

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

Physically challenged citizens of Hialeah Gardens.

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

Funds will help physically challenged citizens.

- 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?

Consider other allowable uses of funds for other projects, in progress, by the City within the fiscal year of allocation.



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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.**

The Therapy Center would be owned by the City of Hialeah Gardens.

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.