



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Pembroke Pines Senior Transportation Program

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

City of Pembroke Pines Senior Transportation Program

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Transportation

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
218,181		218,181

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	21,819	9.1%
Other	0	0.0%
TOTAL	21,819	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 240,000

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) 3

c. What is the most recent fiscal year the project was funded? 2017-18

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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		23,921	23,921

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?

Requested funds would enhance transportation services provided to the senior community.

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

This service provides transportation services from the home of a senior to the Southwest Focal Point Senior Center to medical and dental appointments, pharmacy, other service agencies, post office, banks, grocery stores, etc.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Three transportation buses at	218,181



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	\$80,000 each	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		218,181

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

Free transportation for eligible seniors so they can maintain an independent lifestyle.

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

Registered members of Southwest Focal Point Senior Center 55 years of age and older. Approximately 36,700 riders.

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

Enhanced transportation service provided to the senior community. Transportation rider data.

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?

Withholding of funds.

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Aner Gonzalez
- b. **Organization:** City of Pembroke Pines
- c. **Email:** agonzalez@ppines.com
- d. **Phone Number:** (954)450-1034

14. Recipient Contact Information:

- a. **Organization:** City of Pembroke Pines
- b. **County:** Broward
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Aner Gonzalez

e. E-mail Address: agonzalez@ppines.com

f. Phone Number: (954)450-1034

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Candice Ericks

b. Firm: Ericks Consultants

c. Email: candice@ericksconsultants.com

d. Phone Number: (954)648-1204