



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Austin Hepburn Senior Mini Center - City of Hallandale Beach

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

For over 30 years, the City of Hallandale Beach has provided critically needed community-based services such as recreational and educational activities, exercise and transportation services to seniors aged 60 plus so they can age with dignity. The program is housed at the Austin Hepburn Center Senior Mini Center in the Human Services Department. The City is requesting \$150,000 so they can increase the amount of seniors served by 40% and provide more seniors with an enhanced quality of life.

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 Elder Affairs

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
150,000		150,000

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	150,000	50.0%
Other	0	0.0%
TOTAL	150,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 300,000

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) 4

c. What is the most recent fiscal year the project was funded? 2016-17



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$150,000

### 11. Program Performance:

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

For over 30 years, the City of Hallandale Beach has provided critically needed community-based services such as recreational activities and transportation services to seniors aged 60 plus so they can age with dignity. The program is housed at the Austin Hepburn Center Senior Mini Center in the Human Services Department. The City is requesting \$150,000 so they can increase the amount of seniors served by 40% and provide more seniors with an enhanced quality of life.

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

The Austin Hepburn Senior Mini Center provides recreational and educational activities, transportation, exercise, and food to seniors. This will allow them to increase their capacity.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	4 Van drivers at \$12.80 per hour x 25 hours/week x 52	98,326



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	weeks; Soc Sec.\$2,064, Med \$483, W/C \$666 =\$36,493: 2 clerical assistant at 11.30 per hour x 20 hours/week x 52 weeks; Soc Sec. \$729, Med \$171,W/C \$18 =	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Field trips admission fees,transportation costs, printing, office supplies, supplies for special events,equipment	24,634
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Computer Instructor, Cultural Artists,Special Events Guest Speakers and Performances.	27,040
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Recreation activities: computer classes, educational forums, games, music enrichment, fitness activities, arts and crafts, ESOL, birthday and holiday celebrations. Transportation activities: field trips to museums, health fairs, botanic gardens, parks, movies, shopping,sightseeing excursions, concerts, pharmacy, and grocery store excursions.

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

Vulnerable Seniors age 60 plus. Dept of Elder Affairs estimates that Hallandale Beach is home to over 14,000 Seniors roughly 35% of the city's population.

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



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**will be measured?**

It provides seniors with the opportunity to age with dignity and connect with their community.

- 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?**

Returning Funds or paying fines.

- 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.**

City of Hallandale Beach

- 13. Requestor Contact Information:**

- a. Name:** Roger Carlton
- b. Organization:** City of Hallandale Beach
- c. Email:** rcarlton@cohb.org
- d. Phone Number:** (954)457-1300

- 14. Recipient Contact Information:**

- a. Organization:** City of Hallandale Beach
- b. County:** Broward
- 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:** Roger Carlton
- e. E-mail Address:** rcarlton@cohb.org
- f. Phone Number:** (954)457-1300

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

- a. Name:** Stephanie Zauder
- b. Firm:** Ballard Partners
- c. Email:** stephanie@ballardfl.com
- d. Phone Number:** (954)817-8007