



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hialeah Gardens Senior Center Improvements & Renovations

2. **Senate Sponsor:** Rene Garcia

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

4. **Project/Program Description:**

Improvements and renovations to existing Senior Center

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
	800,000	800,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 800,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:			

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?

To improve the well being, health and enjoyment of our senior community.

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

These funds will help improve and renovate the dining room, the game and dance halls, the main access isles as well as interior and exterior finishes that are more slip resistance and more senior friendly.

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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design and construction.	800,000
TOTAL		800,000

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

Safer, bigger accommodation and facilities which will be designed and constructed using best management practices for design and construction of senior centers.

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

The center will be available for all residents of the City (25,000). Attendance varies, but it is expected to serve 200-250 seniors.

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

Healthier, happier, more active seniors, which will be measured by greater attendance numbers.

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?

The greatest penalty, will be the failure to improve the live and well being of our senior community. But we will accept any reasonable suggestion.

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.

The facility is owned and operated by the City of Hialeah Gardens

13. Requestor Contact Information:

- a. **Name:** Yioset De La Cruz
- b. **Organization:** City of Hialeah Gardens
- c. **Email:** ydelacruz@cityofhialeahgardens.com
- d. **Phone Number:** (305)558-4114

14. Recipient Contact Information:

- a. **Organization:** City of Hialeah Gardens
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity



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☐ University or College

☐ Other (Please specify)

d. Contact Name: Yioset De La Cruz

e. E-mail Address: ydelacruz@cityofhialeahgardens.com

f. Phone Number: (305)558-4114

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: