The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Miami Springs Senior Center

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/20/2018

4. **Project/Program Description:**

   The construction of a new senior center/ multi-purpose facility in the City of Miami Springs that meets the needs of the population at large with a specific design and programmatic focus on the needs of our senior population.

5. **State Agency Contacted?** Yes

   a. If yes, which state agency? Department of Elder Affairs

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

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
	1,000,000	1,000,000

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	800,000	17.8%
Other	2,700,000	60.0%
TOTAL	3,500,000	77.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,500,000

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.

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?**

 Assistance with the construction of a $4,500,000 11,260 sq. ft. Multi-purpose Senior Center to serve the community at large with specific consideration and focus on facility design and programming for disadvantaged residents age 50+. This facility will also serve as a post storm shelter and distribution center for assistance/aid for Miami Springs Seniors.

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

 The City of Miami Springs is working with Lifespan Design Studio (LDS), a national leader in senior center design to develop a program of requirements for a new facility to support the current and emerging needs of Miami Springs Seniors. LDS and will provide schematic design support to Architect and Engineering Firm Bermello & Ajamil throughout the construction process to ensure that the facility will function as an accessible and thoughtfully designed venue for activities related to health, support and enrichment.

c. **How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☐Other Salary and Benefits		
☐Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		

Operational Costs		
☐Salary and Benefits		
☐Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Construction & Engineering Services- Firms	1,000,000
TOTAL		1,000,000

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

   The new senior center will enable the City of Miami Springs to better serve residents age 50+ with essential services that include; congregate meals, home delivered meals, nutrition education and counseling, health and wellness activities, recreation, transportation, adult education, screening and assessment, advocacy and information, referral assistance and emergency post storm shelter.

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

   Economically disadvantaged residents of Miami Springs that are age 50+. 800+ served annually

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   The present and future physical and mental well-being of residents age 50+. Improved physical health measured by annual assessments of each client and recorded in Florida CERTS. System with high risk scores triggering additional intervention. Improved mental health measured by the % of positive response on annual participant satisfaction surveys.

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?**
   Revocation of funding if project is not completed.

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 Miami Springs

13. **Requestor Contact Information:**
    a. **Name:** William Alonso
    b. **Organization:** City of Miami Springs
    c. **Email:** alonsow@miamisprings-fl.gov
    d. **Phone Number:** (305)805-5011

14. Recipient Contact Information:

    a. Organization: City of Miami Springs

    b. County: Miami-Dade

    c. Organization Type:

      ○ For Profit

      ○ Non Profit 501(c) (3)

      ○ Non Profit 501(c) (4)

      ○ Local Entity

      ○ University or College

      ⊙ Other (Please specify) Local City

    d. Contact Name: William Alonso

    e. E-mail Address: alonsow@miamisprings-fl.gov

    f. Phone Number: (305)805-5011

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

    a. Name: Jose Fuentes

    b. Firm: Becker & Poliakoff

    c. Email: jfuentes@bplegal.com

    d. Phone Number: (305)262-4433