



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Cutler Bay Active Adult Services

2. **Senate Sponsor:** Jose Rodriguez

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

The Town of Cutler Bay is requesting \$100,000 in seed money to implement an Active Adult Services Program. This project is a result of recommendations made in the Town's Active Adult Needs [Senior] Assessment (November 2013) and Adopted Strategic Master Plan (October 2014). The goal of this project is to assist the Town's adults ages 55+, in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

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
30,000	70,000	100,000

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)	100,000	40.0%
Local	50,000	20.0%
Other	0	0.0%
TOTAL	150,000	60.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 250,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?



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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?

The goal of this project is to assist the Town's adults ages 55+, in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

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

The Town will seek to coordinate at least one (1) activity for Active Adults per month. The Town currently coordinates regular cultural outings in collaboration with the South Miami-Dade Cultural Arts Center and the Arthur. During these events, Active Adults attend various stage performances, demonstrations with artists, art exhibits and other cultural events. In addition to this, the Town will host monthly field trips to attractions throughout the tri-county area.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase of equipment, supplies and travel for activities and events	30,000



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	associated with this project (i.e. community outings, recreational activities/games, fitness)	
<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		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation (build-out) of community room for older adults on the 1st Floor of the existing Town Hall Center	70,000
TOTAL		100,000

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

The Town hopes to expand our service program by coordinating activities a minimum of three (3) days a week at the Active Adult Community Center. Residents will be able to easily access the center via the Town's circulator bus free of charge.

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

Elderly Persons

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

Improve Physical Health: Measured by the number of participants in the Senior Games Week of events.
Improve Mental Health: Measured by the number of participants served, listing of events conducted. Enrich Cultural Experience: Number of events coordinated and participants served.

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?

None.

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.



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Town of Cutler Bay

13. Requestor Contact Information:

- a. **Name:** Rafael Casals
- b. **Organization:** Town of Cutler Bay (Miami-Dade County)
- c. **Email:** rcasals@cutlerbay-fl.gov
- d. **Phone Number:** (305)234-4262

14. Recipient Contact Information:

- a. **Organization:** Town of Cutler Bay
- 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)
- d. **Contact Name:** Etienne Bejarano
- e. **E-mail Address:** ebejarano@cutlerbay-fl.gov
- f. **Phone Number:** (305)234-4262

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

- a. **Name:** Fausto Gomez
- b. **Firm:** Gomez Barker Associates Inc.
- c. **Email:** fgomez@gomezbarker.com
- d. **Phone Number:** (305)860-0780