



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Key Biscayne Community Center Generator

2. **Senate Sponsor:** Jose Rodriguez

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

4. **Project/Program Description:**

The purpose of requesting these funds is to install a permanent generator at the Key Biscayne Community Center. The generator will provide power to the building during a storm if power is lost.

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?
Executive Office of the Governor

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
	100,000	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	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	100,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 200,000

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?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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 purpose of requesting these funds is to install a permanent generator at the Key Biscayne Community Center. The generator will provide power to the building during a storm if power is lost.

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

n/a

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		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase of permanent generator.	100,000
TOTAL		100,000

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

The generator will provide power to the Key Biscayne Community Center during a storm if power is lost.

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

Elderly persons of Key Biscayne.

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

To maintain energy at the Community Center in case of a power-outage.

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?

n/a

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.

Village of Key Biscayne.

13. Requestor Contact Information:

- a. **Name:** John Gilbert
- b. **Organization:** Village of Key Biscayne
- c. **Email:** jgilbert@keybiscayne.fl.gov
- d. **Phone Number:** (305)365-5514

14. Recipient Contact Information:

- a. **Organization:** Village of Key Biscayne
- 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:** Todd Hofferberth



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

e. E-mail Address: thofferberth@keybiscayne.fl.gov

f. Phone Number: (305)365-8900

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

a. Name: Fausto Gomez

b. Firm: fgomez@gomezbarker.com

c. Email: fgomez@gomezbarker.com

d. Phone Number: (305)860-0280