



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Village of Pinecrest-Pinecrest Gardens Botanical Restoration

2. **Senate Sponsor:** Jose Rodriguez

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

4. **Project/Program Description:**

Pinecrest Gardens features over 1,000 varieties of rare and exotic tropical plants and palm trees in a native tropical hardwood and cypress setting. It is designated a historic property by Miami-Dade County and it is listed on the National Register of Historic Places. Funds will be used to replace the plants and trees lost due to Hurricane Irma.

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 Environmental Protection

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
	635,000	635,000

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):** 635,000

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.



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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?

Because, Pinecrest Gardens features over 1,000 varieties of rare and exotic tropical plants, it is designated a historic property by Miami-Dade County, and it is listed on the National Register of Historic Places, we would like to replace the plants lost due to hurricane Irma.

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

To replace the plants and trees lost due to Hurricane Irma

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Tree replacement: \$458,650 Plant replacement: \$176,350	635,000
TOTAL		635,000

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

n/a

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

Residents of the Village of Pinecrest

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

Enrich cultural experience: Number of workshops, classes and tours of the botanical park.

Enhance/preserve/improve environmental or fish and wildlife quality : Restoration of 2,774 plants and 64 very large trees.

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.

n/a

13. Requestor Contact Information:

a. Name: Angel Gasca

b. Organization: Village of Pinecrest

c. Email: agasca@pinecrest-fl.gov

d. Phone Number: (305)234-2121

14. Recipient Contact Information:

a. Organization: Village of Pinecrest

b. County: Miami-Dade

c. Organization Type:

☐ For Profit

☐ Non Profit 501(c) (3)

☐ Non Profit 501(c) (4)



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- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Angel Gasca

e. E-mail Address: agasca@pinecrest-fl.gov

f. Phone Number: (305)234-2121

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

a. Name: Manny Reyes

b. Firm: Gomez Barker Associates Inc.

c. Email: mreyes@gomezbarker.com

d. Phone Number: (305)860-0780