



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1240

**1. Title of Project:** Generator for Special Needs Shelter In-Place Miami

**2. Senate Sponsor:** Manny Diaz

**3. Date of Submission:** 02/01/2019

**4. Project/Program Description:**

Special Needs Shelter for Individual with Autism and Intellectual Disabilities. Purchase and Installation of independently housed generator system providing power to our 3 story residential housing facility (ICF) Intermediate Care Facility, and adjacent ADT - Life Skills Center, as well as our fully equipped dining room, kitchen, nurses station for 56 residents and staff. It will also provide shelter for our individuals residing in our group homes along with the staff, community based clients, family members and the community at large.

There are NO Special Needs Shelters in the City of Miami or Miami Dade County at ALL!

SEE ATTACHMENT FOR MORE DETAILS OF THE PROJECT.

**5. State Agency to receive requested funds :** Agency for Persons with Disabilities

State Agency Contacted? Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>450,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	450,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>450,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1240

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchase and Installation of independently housed Generator System	450,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

There are no special needs shelters in City of Miami or Miami Dade County. It would allow individuals with Autism/Intellectual disabilities to shelter in place. The critical issue is that our clients have been denied and are not accepted in designated public shelters, due to the fact that they are not able to address the needs of the Developmentally Disabled population. The generator we currently have is over 45 years old and we are thankful that with the assistance of our current maintenance staff it made it through the recent storm. However, we were limited by the fact that it could only provide enough power to the first floor which included the A/C, the kitchen, the elevator and essential emergency lighting in the ICF (Intermediate Care Facility) Building. The emergency rule states the facility must remain at a comfortable, ambient temperature of 80 degrees or less for a period of 96 hours or more in the vent of the loss of electrical power.

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

Special Needs Shelter In-Place for Individual with Autism and Intellectual Disabilities. Purchase and Installation of independently housed generator system providing power to our 3 story residential housing facility (ICF) Intermediate Care Facility, and adjacent ADT - Life Skills Center, as well as our fully equipped dining room, kitchen, nurses station for 56 residents and staff. It will also provide shelter for our individuals residing in our group homes along with the staff, community based clients, family members and the community at large. There are NO Special Needs Shelters in the City of Miami or Miami Dade County at ALL!

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

Special Needs Shelter for Individuals with Autism/Intellectual Disabilities during emergencies like hurricanes and other severe storm systems.

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

Individual with Autism/Intellectual Disabilities. Over 100 individuals.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1240

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

Generator - Shelter in Place during emergencies like hurricanes and other severe storm systems will insure the safety and well-being for individuals with Autism/Intellectual Disabilities at MACtown and in the community - City of Miami and Miami Dade County.

**f. 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?**

A full audit and funding would cease.

**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:** Violet Gonzalez
- b. **Organization:** MACtown, Inc., - Dir. of Com Relations/Corp.Advancement
- c. **E-mail Address:** violetg@mactown.org
- d. **Phone Number:** (305)495-2686

**14. Recipient Contact Information:**

- a. **Organization:** MACtown, Inc.
- 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:** Violet Gonzalez
- e. **E-mail Address:** violetg@mactown.org
- f. **Phone Number:** (305)495-2686

**15. Lobbyist Contact Information**

- a. **Name:** Violet Gonzalez
- b. **Firm Name:** MACtown, Inc.
- c. **E-mail Address:** violetg@mactown.org
- d. **Phone Number:** (305)495-2686