



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1672

1. Title of Project: Goodlet Adult Center Facility Improvement

2. Senate Sponsor: Manny Diaz

3. Date of Submission: 02/04/2019

4. Project/Program Description:

The proposed project seeks to renovate and improve our senior adult center in order to enhance and improve services.

5. State Agency to receive requested funds : Department of Elder Affairs

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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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	Capital Improvements to the Goodlet Adult Center	500,000
Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

The proposed project seeks to renovate and improve our senior adult center in order to enhance and improve services.

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

Through this requested project the City will be able to renovate our senior adult center

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

This project will improve facilities to be enjoyed by our special population seniors. We shall be able to enhance services and continue providing classes and social events to our over 3,000 elderly participants.

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

Elderly Persons, >800

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

Improve well-being. Renovate the Goodlet Adult Center. Improved facility, enhanced classes and participation

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?

Consider other allowable uses of funds for other projects, in progress, by the City within the fiscal year of allocation.

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.

The City of Hialeah owns the facilities.

13. Requestor Contact Information:

- a. Name:** Carlos Hernandez
- b. Organization:** City of Hialeah
- c. E-mail Address:** aquintana@hialeahfl.gov
- d. Phone Number:** (305)883-8040



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14. Recipient Contact Information:

- a. **Organization:** City of Hialeah
- 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 Government
- d. **Contact Name:** Annette Quintana
- e. **E-mail Address:** aquintana@hialeahfl.gov
- f. **Phone Number:** (305)883-8040

15. Lobbyist Contact Information

- a. **Name:** Andreina Figueroa
- b. **Firm Name:** ADF Consulting
- c. **E-mail Address:** Adf@adfconsulting.com
- d. **Phone Number:** (786)586-7001