



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1591

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The scope of work is for the existing structure including system upgrades. Due to its historical value and significance to the community, it is important to restore this building. In addition to this work, the funding can be used to provide for park entrance improvements that lead to the gymnasium hall as well as correction of building code deficiencies.

5. **State Agency to receive requested funds**
- State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding                    | Amount   |
|------------------------------------|--|
| Operations                         | <input style="width: 80%;" type="text" value="000"/>     |
| Fixed Capital Outlay               | <input style="width: 80%;" type="text" value="455,000"/> |
| <b>Total State Funds Requested</b> | <b>455,000</b>   |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding                                      | Amount   | Percentage  |
|--|--|---|
| Total State Funds Requested (from question #6)       | <input style="width: 80%;" type="text" value="455000"/>    | <input style="width: 80%;" type="text" value="11.0 %"/> |
| <b>Matching Funds</b>                                |  |   |
| Federal  | <input style="width: 80%;" type="text" value="00"/>        | <input style="width: 80%;" type="text" value="0 %"/>    |
| State (excluding the amount of this request)         | <input style="width: 80%;" type="text" value="00"/>        | <input style="width: 80%;" type="text" value="0 %"/>    |
| Local  | <input style="width: 80%;" type="text" value="00"/>        | <input style="width: 80%;" type="text" value="0 %"/>    |
| Other  | <input style="width: 80%;" type="text" value="3,537,049"/> | <input style="width: 80%;" type="text" value="89 %"/>   |
| <b>Total Project Costs for Fiscal Year 2020-2021</b> | <b>3,992,049</b>   | <b>100 %</b>  |

8. **Has this project previously received state funding?**  Yes  No
- If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy)                                 | Amount                                   |  | Specific<br>Appropriation #                            | Vetoed                               |
|--|--|--|--|--------------------------------------|
|  | Recurring                                | Nonrecurring   |  |                                      |
| <input style="width: 80%;" type="text" value="2019-20"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text" value="250,000"/> | <input style="width: 80%;" type="text" value="2307A"/> | <input checked="" type="radio"/> Yes |

9. **Is future-year funding likely to be requested?**  Yes  No
- If yes, indicate nonrecurring amount per year.



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

| Spending Category  | Description   | Amount  |
|--|---|---|
| <b>Administrative Costs:</b>   |   |   |
| Executive Director/Project Head Salary and Benefits                    |   | <input style="width: 100%; height: 20px;" type="text"/> |
| Other Salary and Benefits  |   | <input style="width: 100%; height: 20px;" type="text"/> |
| Expense/Equipment/Travel/Supplies/Other                                |   | <input style="width: 100%; height: 20px;" type="text"/> |
| Consultants/Contracted Services/Study                                  |   | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>Operational Costs: Other</b>  |   |   |
| Salary and Benefits  |   | <input style="width: 100%; height: 20px;" type="text"/> |
| Expense/Equipment/Travel/Supplies/Other                                |   | <input style="width: 100%; height: 20px;" type="text"/> |
| Consultants/Contracted Services/Study                                  |   | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |   |
| Construction/Renovation/Land/Planning Engineering                      | Planning, design, permitting, and bidding phases of the gym renovation. | 455,000   |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>455,000</b>  |



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#### 11. Program Performance

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

Planning, design, and post design A/E services for the restoration of the gym. The project will provide unique recreational facilities and services to a growing Miami-Dade County population while protecting the existing sensitive natural areas within the property.

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

Planning, design, and post design A/E services for the restoration of the gymnasium hall.

- c. What direct services will be provided to citizens by the appropriation project?

The vision for Camp Matecumbe is to serve as a regional ecological destination with disability service programs for the local neighboring residents.

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

Disabled residents and visitors of Miami Dade County.

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

Events and curriculum regarding the Boystown Pineland and operation of Pedro Pan history will be provided and health impact assessments conducted.

- 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?

None. Standard liquidated damages would be applied.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Miami-Dade County Parks, Recreation and Open Spaces Department

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.