



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1093

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Homestead is requesting \$500,000 in funds for a mammography program for uninsured women under the age of 40. The program would be facilitated through a partnership with an entity to be determined through a competitive RFP process.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	500,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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The City was awarded CDBG-CV funds totaling \$1,012,565.
 The funds will be used for Housing & Utility Assistance, for Meals to Covid-affected individuals, and for Small Business Grants.
 Approx. \$2.1M as sub-recipient of Miami-Dade County to primarily reimburse the City for Covid-related operating expenditures.
 \$183K through DOJ to cover Covid-related police overtime. Additionally the City is seeking approx. \$3M in public assistance funding from FEMA for reimbursement of Covid-related exp.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The City of Homestead is requesting \$500,000 in funds for a mammography program for uninsured women under the age of 40. The program would be facilitated through a partnership with an entity to be determined through a competitive RFP process.	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

Funds for this project will be used for a mammography program for uninsured women under the age of 40.

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

Quarterly screening mammographies for uninsured women over the age of 40.

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

Mammographies

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

Uninsured women under the age of 40.
 Approximately 201-400 individuals will be served.

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

Reduction of women diagnosed with breast cancer.

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 the contract?



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Revocation of funds.

- 13. 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.**

Local government
- City of Homestead



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number