



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1196

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Easter Seals South Florida main facility is due for 50 year re-certifications (10 years subsequent to 40 year recertification) as required by Miami Dade County. In anticipation of meeting the requirements necessary for this and to provide a safe, health environment for the 200+ children and older adults served daily in this location, the following immediate needs must be met:

Removal of hazardous chemical coolant holding tanks which remain from former HVAC system, replacement of the roof which has exceeded useful life, installation of an automated energy management control system to achieve energy efficiency and conservation, improvements to restroom facilities to meet ADA requirements and water and energy conservation, and parking facility drainage improvements to address flooding/energy efficiency.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	550,000
<b>Total State Funds Requested</b>	<b>550,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	550,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	550,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,100,000</b>	<b>100%</b>

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.



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

Yes

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

\$582,385 was received from federal cares funds (through Dade County, alliance for aging and the US Dept. of Health) and \$1.9m in PPP funding for various programs through various agencies addressed need for PPE procurement, technology purchases to facilitate remote learning and enhance classroom instruction, classroom modifications to accommodate social distancing and mitigate transmission, funding of additional staff.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Removal of hazardous chemical coolant holding tanks which remain from former HVAC system, replacement of the roof which has exceeded useful life, installation of automated energy management control system to achieve energy efficiency and conservation, improvements to restroom facilities to meet ADA requirements and water and energy conservation, and parking facility drainage improvements to address flooding/energy efficiency.	550,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>550,000</b>

#### 12. Program Performance

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

Provide a safe and healthy environment to allow Easterseals to serve the 200+ children diagnosed with Autism Spectrum Disorder and older adults with Alzheimer's, dementia and other memory disorders.

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

Capital improvements to the facility to ensure a safe and healthy environment, achieve energy efficiency and conservation.

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

Easterseals South Florida provides Early Childhood Education for children with Autism Spectrum disorder for ages birth to 2, elementary and Middle School, a Culinary Arts Academy for high school age youth and adult day care services for older adults with Alzheimer's, dementia, and other memory disorders.

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



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Easterseals South Florida serves children with Autism Spectrum Disorder and their families from Birth to Age 22. We also serve older adults with Alzheimer's dementia, and other memory disorders. Over 200 individuals are served in this location on a daily basis.

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

The project will aid in improving the health and safety of program participants by removing potentially hazardous chemicals from abandoned tanks, repairing damaged roofing to prevent water intrusion and potential damage from future windstorms, utilize automated energy management control systems to reduce energy usage, extend the use life of HVAC equipment, and improve indoor air quality, eliminate flooding from rainstorms by addressing drainage in parking areas and improve safety and reduce energy usage by replacing non-functioning parking lot lighting with energy efficient systems, provide improved access to restroom facilities for individuals with mobility disability.

**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?**

Return of appropriated 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.**

Easterseals South Florida owns and operates the facility. The facility is located on property leased to Easterseals South Florida by Miami Dade County.



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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