

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Cutler Bay Active Adult Services
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Kionne McGhee  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					100,000	100,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
N/A

6. Requester:

- a. Name: Rafael Casals
- b. Organization: Town of Cutler Bay (Miami-Dade County)
- c. Email: rcasals@cutlerbay-fl.gov
- d. Phone #: (305)234-4262

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Etienne Bejarano
- b. Organization: Town of Cutler Bay (Miami-Dade County)
- c. Email: ebejarano@cutlerbay-fl.gov
- d. Phone #: (305)234-4262

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Fausto Gomez
- b. Firm: Gomez Barker Associates, Inc.
- c. Email: fgomez@gomezbarker.com
- d. Phone #: (305)860-0780

9. Organization or Name of entity receiving funds:

- a. Name: Town of Cutler Bay
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The Town of Cutler Bay is requesting \$100,000 in seed money to implement an Active Adult Services Program. This project is a result of recommendations made in the Town's Active Adult Needs [Senior] Assessment (November 2013) and Adopted Strategic Master Plan (October 2014). The goal of this project is to assist the Town's adults ages 55+, in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase of equipment, supplies and travel for activities and events associated with this project (i.e. community outings, recreational activities/games, fitness	30,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Renovation (build-out) of community room for older adults on the 1st Floor of the existing Town Hall Center	70,000

	Building.	
TOTAL		100,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

This project is a result of recommendations made in the Town?s Active Adult Needs [Senior] Assessment (November 2013) and Adopted Strategic Master Plan (October 2014).

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The Town?s 2014-19 Strategic Master Plan was facilitated and prepared by an independent 3rd party consultant, Mr. Merrett Stierheim. The Active Adult Needs [Senior] Assessment was conducted by Strategic Partners in collaboration with Dr. Herb Marlowe of Analytica.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The Town will seek to coordinate at least one (1) activity for Active Adults per month. The Town currently coordinates regular cultural outings in collaboration with the South Miami-Dade Cultural Arts Center and the Arthur. During these events, Active Adults attend various stage performances, demonstrations with artists, art exhibits and other cultural events. In addition to this, the Town will host monthly field trips to attractions throughout the tri-county area.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The Town hopes to expand our service program by coordinating activities a minimum of three (3) days a week at the Active Adult Community Center. Residents will be able to easily access the center via the Town's circulator bus free of charge.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100

- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	The Senior Games is a multi-sport event program for adults ages 50 and over. The Cutler Bay Senior Games is sanctioned by the Florida Senior Games.	Number of participants in the Senior Games Week of events.
<input checked="" type="checkbox"/> Improve mental health	Research indicates that community engagement and mental and physical stimulation serve to improve the quality of life of residents as they age.	Number of participants served, Listing of events conducted (minimum 12)
<input checked="" type="checkbox"/> Enrich cultural experience	In collaboration with the South Miami Dade Cultural Arts Center located in Cutler Bay, the Town will coordinate regularly scheduled cultural outings for active adults.	Number of events coordinated and participants served.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	100,000	66.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	50,000	33.3%	Yes
5. Other:	0	0.0%	No
TOTAL	150,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No