

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Miami Resilience Hubs For Disaster Preparedness/Recovery
2. Date of Submission: 10/28/2019
3. House Member Sponsor: Michael Grieco
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,500,000	1,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Executive Office of the Governor
 - 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.
Termination of Contract. Reduction or loss of funds.

6. Requester:

- a. Name: Emilio T. Gonzalez Gonzalez
- b. Organization: City of Miami
- c. Email: ETGonzalez@miamigov.com
- d. Phone #: (305)416-1025

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

- a. Name: Jane Gilbert
- b. Organization: City of Miami
- c. Email: JaGilbert@miamigov.com
- d. Phone #: (305)416-1048

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

- a. Name: Nikolas Pascual
- b. Firm: City of Miami
- c. Email: NPascual@miamigov.com
- d. Phone #: (305)562-2602

9. Organization or Name of entity receiving funds:

- a. Name: City of Miami
- 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?

To initiate a five year program to enhance strategically selected facilities across the city to educate, distribute resources, transmit information and provide services to our residents before, during and after an incident such as a hurricane. Goals are to harden our facilities such as roofs, doors, windows, create storage, improve accessibility, purchase generators, and enhance communications capabilities to improve the condition of these facilities to serve as resilience hubs.

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	The funds will be used to construct and reinforce our selected resilience hubs. Construction and reinforcement include: roofs, compact doors and windows, generators and power, charging stations, refrigerators, storage rooms to store supplies such as water, food and basic medical supplies and enhance communications.	1,000,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds will be used to perform site assessments to identify specific requirements for resilience hubs	500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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:

City of Miami held 8 neighborhood workshops seeking city residents priorities for climate action. In all of the meetings the need for facilities to function as educational and distribution of goods was among the top priority. Other nonprofit organizations have expressed interest in partnering with the city to help us realize this goal. Among the organizations are: Make The Homeless Smile, Communities United, Sea Level Rise Committee, Catalyst Miami, Konscious Kontracors, Miami Foundation, etc.

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:

Resilience Hubs are a documented priority based on community feedback in the Resilient305 Strategy as well as Radical Partners' 100 Great Ideas for Climate Resilience and Sustainability.

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 city will use these facilities to provide educational training to prepare residents to respond during incidents. These hubs will also serve as point of distribution for food, water, ice, charging stations, wifi, and basic medical supplies after a disaster such as a hurricane.

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

N/A

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Residents will be educated to better respond and recover to environmental and criminal incidents. Increase education and awareness on climate changes and the impact it has on the residents and prepare residents on how to plan, respond and recover during a hurricane or other incidents.	-Number of residents served - Services provided to enhance recovery

<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 checked="" type="checkbox"/> Other (Please describe): Prepare the public for incidents and disasters	Increase training on incident preparedness, response and recovery. Improves communication of residents during a disaster. Provide food, water and basic medical supplies after an incident.	- Number of residents educated - Services provided to enhance recovery

19. Provide the total cost of the project for FY 2020-21 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:	1,500,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,500,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M

⊙>10M