

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Yaeger Plaza Development Project
2. Date of Submission: 10/30/2019
3. House Member Sponsor: James Bush  
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>	<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:					25,486,765	25,486,765

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? Department of Economic Opportunity
  - 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.  
We will return remaining funds if performance and deliverables are not met.

6. Requester:

- a. Name: Ivan Yaeger
- b. Organization: The Yaeger Foundation, Inc.
- c. Email: IG500@aol.com
- d. Phone #: (305)342-3005

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

- a. Name: Ivan Yaeger
- b. Organization: The Yaeger Foundation, Inc.
- c. Email: IG500@aol.com
- d. Phone #: (305)342-3005

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Yaeger Plaza Development Project
- 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?

Funds will be used for construction of a mixed-use facility incorporating senior housing, medical center, commerce center, educational center and social services. Site is located in the heart of Miami-Dade County's Liberty City, one of South Florida's most underserved communities. Funding is also requested for medical and career training services provided at this site by Sanctuary of Moses and The Yaeger Foundation, Inc. Funds will be dispersed as agreed.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director Ivan Yaeger will oversee building and programming activities. Amount reflects \$60,000 per year paid over 5 year period.	300,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program support and management staff to assist in construction phase and services delivery. Amount reflects \$100,000 per year paid over 5 year period.	500,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Meetings, marketing materials, conferences, office supplies and equipment used in developing and promoting the Yaeger Plaza and services to the public.	20,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Carmen Morris & Associates (community outreach and partnership development), Project Manager, Assessment, Tracking and Marketing	400,000

	Consultants	
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Meetings, marketing materials, conferences, office supplies and equipment used in developing and promoting the Yaeger Plaza and services to the public.	25,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Program service fees for The Choice, Comprehensive Healthcare Program and Technology Leaders Initiative. Cost is \$550,000 per year during a five year period	2,750,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Development cost of the Yaeger Plaza building and temporary facilities during construction phase.	21,491,765
<b>TOTAL</b>		<b>25,486,765</b>

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:

Letters of support include Rep. Cynthia Stafford and Local Initiatives Support Corporation (attached).

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 District 108 Health Task Force Committee study recommended State funding for the Yaeger Plaza to address critical needs in the community. The Liberty City Trust community development plan requested funding of the Plaza project from the City of Miami.

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?

Comprehensive Healthcare program, Technology Leaders Initiative, The Choice initiative.

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

Medical services (general public & senior citizens), STEAM/inventing & entrepreneurship education (youth & adult), economic development and mentoring (single mothers).

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	30% of building residents will receive care from Plaza providers.	Patient demographics and surveys will allow tracking of provider usage.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	The public will learn about contributions of minority medical pioneers via visits to the onsite National Medical Museum.	Visitors logs will track public exposure metrics.
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	100 students per year will receive instruction in STEM, healthcare or entrepreneurship	Program enrollment will track participation metrics.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Leasing of commercial spaces to entrepreneurs and organizations.	Occupancy levels of commercial spaces, tax revenues and parking garage usage provides assessment of economic activity.
<input checked="" type="checkbox"/> Increase tourism	The onsite National Medical Museum will be listed as a tourist site by private and public tourism agencies/associations.	Museum traffic and data from tourism agencies/associations will measure impact on tourism.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	We project that at least 75 construction jobs will be created during the development phase.	Employment position listings and records will measure outcome.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	We project that at least 75 permanent jobs will be created during the operational phase.	Employment position listings and records will measure outcome.
<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 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:	25,486,765	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
<b>TOTAL</b>	<b>25,486,765</b>	<b>100%</b>	

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