

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami River Commission
2. Date of Submission: 11/07/2019
3. House Member Sponsor: Nicholas Duran  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:					150,000	150,000

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? Department of Economic Opportunity
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 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.  
MRC will satisfactorily meet all deliverables and performance measures, therefore will agree to any theoretical penalties

6. Requester:

- a. Name: Brett Bibeau
- b. Organization: Miami River Commission
- c. Email: brettbibeau@miamirivercommission.org
- d. Phone #: (305)987-4446

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

- a. Name: Brett Bibeau
- b. Organization: Miami River Commission
- c. Email: brettbibeau@miamirivercommission.org
- d. Phone #: (305)987-4446

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

- a. Name: Richard Pinsky
- b. Firm: Akerman
- c. Email: Richard.Pinsky@akerman.com
- d. Phone #: (561)386-1992

9. Organization or Name of entity receiving funds:

- a. Name: Miami River Fund, Inc, DBA Miami River Commission
- 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) The Florida Legislature created the Miami River Commission via F.S. 163.06

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

To improve the economy via attracting new job generating businesses to open in the Miami River District. Private sector investors frequently contact the Miami River Commission (MRC) for free assistance in conducting due diligence when considering to open new businesses and developments along the Miami River, and the MRC assists them in reviewing applicable City Codes, Land Uses, approval processes, etc. In addition, the MRC removes garbage and invasive plants from State owned submerged lands.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Annual payroll, payroll taxes, health and dental insurance for Miami River Commission operations described in #11	94,244
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel (\$2,000), supplies (\$2,500), Board of Directors Ins. (\$1,243), office insurance (\$700), copies (\$1,200), phone and dsl, (\$1,000), cell phone (\$360), postage (\$200), Cert of Use (\$177.5, ST Fees (\$270), free Miami Riverday (\$5,000) =	14,850

	\$14,850	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	professional economic consultant to create a Miami River Economic Analysis (\$35,805.53), graphic design consultant to create and print Annual Report (\$2,000), consultant for monthly website updates on miamirivercommission.org (\$1,300), professional independent accounting (\$1,800) = \$40,906	40,906
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>150,000</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 from Congresswoman Ileana Ros-Lehtinen, City of Miami Mayor, Miami-Dade County Commissioner, FIND Commissioner, Garcia's Seafood, Swire Properties, Antillean Marine, Miami River Marie Group, Miami Downtown Development Authority, 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:

Yes, several including a Grand Jury Report, City of Miami's adopted Comprehensive Plan, Miami-Dade County's adopted Comprehensive Plan

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?

Attracting and assisting job generating businesses and developments along the Miami River

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

Supporting job generating businesses.

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): The Miami River Commission supports job generating businesses and developments

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 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	Attracting, supporting and assisting job generating businesses and developments within the Miami River District.	# of new businesses and residential developments along the Miami River
<input checked="" type="checkbox"/> Increase tourism	The Miami River District is a tourist destination with the public Riverwalk, State owned Miami Circle Park which is a National Historic Landmark, several hotels, 20 restaurants, 20 more planned restaurants, etc.	# of riverfront hotels and restaurants along the Miami River
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Marine Industrial jobs, construction jobs, hotel jobs, restaurant jobs, security jobs, landscaping jobs, office jobs, etc.	# of jobs
<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 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:	150,000	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
<b>TOTAL</b>	<b>150,000</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