

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Lakes Multipurpose Senior Community Center (Interior Buildout)
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Bryan Avila
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:					500,000	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? 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.

No payment will be made for a request for reimbursement which does not include an updated summary of the project, dated invoices, checks paid by the contracting agency, and proof of payments via copies of deposited checks.

6. Requester:

- a. Name: Edward Pidermann
- b. Organization: Town of Miami Lakes
- c. Email: pidermanne@miamilakes-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Renee Wilson
- b. Organization: Town of Miami Lakes
- c. Email: wilsonr@miamilakes-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group
- c. Email: diaz@thesoutherngroup.com
- d. Phone #: (305)490-3414

9. Organization or Name of entity receiving funds:

- a. Name: City of Miami Lakes
- 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?

Per the Florida Department of Elder Affairs, "Another component of Florida's Aging Network is senior centers. Studies show that elders are happier and healthier when they are engaged socially, intellectually, and physically." The goal is to renovate/complete an ADA accessible multi-purpose senior community center to provide programs, relationship building, mental and physical stimulation, social services, connectedness to the community, and a better quality of life for the elderly population.

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 type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be used to renovate and complete the Town's principal, multi-purpose 6,000 square feet Senior Community Center interior build.	500,000

TOTAL		500,000
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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:

On September 24, 2019, the Town Council passed a Resolution making this Project a legislative priority. The Town's Elderly Affairs Committee's Mission is to improve the quality of life for the elderly residents of Miami Lakes through engaged and active support of our seniors. Since 2015, the Committee and the Town's elderly population prioritized this Senior Community Center project.

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 Florida International University Metropolitan Center (FIU/MC) analyzed US Census data from 2000 to 2010, focusing on Miami Lakes residents in the 55+ age group. This data revealed over 23% of the total population of Miami Lakes were seniors (ages 55-64 the middle-old, ages 65-74 the old, and ages 75 and above the older-old). This population represents over 7,000 seniors in Miami Lakes without a local community center of their own.

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

No

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 Center will provide free health fairs/health screenings/flu shots/exercise programs.	Attendance records.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	The Senior Center will provide educational, computer, Spanish, and arts/crafts classes.	Attendance records.
<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 checked="" type="checkbox"/> Improve transportation conditions	Free Freebee transportation to and from Senior Community Center.	Freebee rideshare tracking.
<input checked="" type="checkbox"/> Increase or improve economic activity	The Senior Center will provide informational and elderly services referrals.	Record of referrals given.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	The Senior Center will provide informational and elderly services	Record of referrals given.

	referrals.	
<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:	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	500,000	100%	

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

No