

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1445

Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project project project Project Project State (yyyy-yy) 2022-23 Is future funding limits and state fu	tequested (from quested amount of this requested seriously received se	est)  23-2024  State funding?  unt  Nonrecurring  400,000	### Amount    850,000     0	Percentage 21% 0% 0% 79% 0% 100% Vetoed Yes	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project project project project Project State (yyyy-yy)	e amount of this requests for Fiscal Year 20: eviously received s  Amo Recurring	est)  23-2024  State funding?  unt  Nonrecurring  400,000	Amount  850,000  0  3,150,000 0  4,000,000  Yes  Specific Appropriation #  0 466A	Percentage  21%  0% 0% 79% 0% 100%	ect)
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Type of Funding Total State Funds F Matching Funds		, ,	Amount 850,000	Percentage 21%	ect)
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Гуре of Funding		, ,	Amount	Percentage	ect)
•	for Fiscal Year 2023	3-2024 (including			ect)
otal State Funds				850,000	
Fixed Capital Outla				550,000	
Type of Funding Operations			Amo	unt 300,000	
	recurring Request f	for Fiscal Year 20			
State Agency cont	acted? No				
	ceive requested fur	nds Departm	ent of Health		
loor of the new bui and approximately raining studio for a	ding will be at an ele 3,000 Sq. Ft. of comr	vation of +9.0 NA\ munity spaces. The	ew Wellness Center for VD. The new building vese spaces include are ness center is intende	will include a 6,000 eas for community	Sq. Ft. fiti engageme
Project/Program D	escription				
Date of Request	02/13/2023				
Senate Sponsor	Jason Pizzo				
floor of the new bui and approximately	Jason Pizzo  02/13/2023  escription  xisting town hall building will be at an ele 3,000 Sq. Ft. of comr	vation of +9.0 NA\ munity spaces. The	VD. The new building vese spaces include are	will include a 6,0 eas for communi	00 ty (



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If yes, indicate the amount of funds received and what the funds were used for.	

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
  - a. What is the current phase of the project?

h	Is the project	"shovel ready"	(i.e permitted)?	
(	Planning	ODesign		

c. What is the estimated start date of construction?d. What is the estimated completion date of construction?

02/2024

Yes

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The Town of Golden Beach	The	Town of	Golden	Beach
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#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Project Manager	50,000		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	KEITH Civil Engineering & Martin Architectural Group Land Planners	250,000		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Building Construction	550,000		
Total State Funds Requested (must equal total from question #6) 850,000				

#### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The goal for the Wellness Center is to serve as a gateway to overall well-being and quality of life. In the post-COVID era, we have discovered the importance of social engagement and how it effects mental health. It is important to create a space where we can not only promote the physical health, but metal health as well.

b. What activities and services will be provided to meet the intended purpose of these funds?



15.

16.

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Make resources available for those looking to improve mental and physical health. Within the facility, we will provide

	ns and studio areas to hold classes for yoga, dance and meditation hroughout the year.	. Additional to community/youth
c. What direct ser	vices will be provided to citizens by the appropriation project?	
Fitness classes ar	nd workout consultations. Community engagement to create relation	nships among residents.
d. Who is the targ	et population served by this project? How many individuals ar	e expected to be served?
Residents of the T	own of Golden Beach. Approximately 1,500 individuals.	
· ·	ected benefit or outcome of this project? What is the methodo	logy by which this outcome will
be measured?		
The expected out immunity required	come is the improved physical and mental health of our residents. It sustain a healthy lifestyle.	Thus, creating a community with the
	ggested penalties that the contracting agency may consider in	•
for failing to meet	deliverables or performance measures provided for the contra	act?
Repayment of Sta	te Funds.	
Requester Contac	Information	
a. First Name	Alexander Last Name Diaz	
b. Organization	Town of Golden Beach	
c. E-mail Address	AlexDiaz@goldenbeach.us	
d. Phone Number	(305)932-0744 Ext. 224	
Recipient Contact	Information	
a. Organization	Town of Golden Beach	
b. Municipality and	d County Miami-Dade	
c. Organization Ty	pe	
□For Profit Entity		
□Non Profit 501(d	:)(3)	
□Non Profit 501(d	:)(4)	
☑Local Entity		
□University or Co	llege	
□Other (please sp	pecify)	
d. First Name	Alexander Last Name Diaz	
e. E-mail Address	AlexDiaz@goldenbeach.us	
f Phone Number	(305)032-0744	



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a. Name	David T Caserta
b. Firm Name	David T. Caserta Government Relations Inc
c. E-mail Address	flagovernment@aol.com
d. Phone Number	(305)463-8808