



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of North Miami Renovation of the Griffing Senior Community Center

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

This request would allow the City to develop/renovate a senior citizens community center located at 12100 NW 16th Avenue, in North Miami. The center will serve as a gateway for North Miami aging network; connecting older adults to vital community services that can help them stay healthy and independent. The facility will offer a wide variety of programs and services such as meals and nutrition programs, information and assistance regarding health, fitness, and wellness programs, transportation services, volunteers and civic engagement opportunities, and social and recreational activities among other initiatives.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	3,000,000	3,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,000,000	25.0%
Other	0	0.0%
TOTAL	1,000,000	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

The renovation and construction of a senior citizens community center.

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

The facility will offer a wide variety of programs and services such as meals and nutrition programs, information and assistance regarding health, fitness, and wellness programs, transportation services, volunteers and civic engagement opportunities, and social and recreational activities among other initiatives.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Build/renovation of a senior community center	3,000,000
TOTAL		3,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Funds to develop/renovate a senior citizens community center that will serve as a gateway for North Miami aging network; and connect older adults to vital community services that can help them stay healthy and independent. The facility will offer a wide variety of programs and services such as meals and nutrition programs, information and assistance regarding health, fitness, wellness programs, transportation services, volunteer and civic engagement opportunities, and social and recreational activities.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

Aging population of the City

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

The facility will offer a wide variety of programs and services such as meals and nutrition programs, information and assistance regarding health, fitness, and wellness programs, transportation services, volunteers and civic engagement opportunities for the elderly population in the City.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Reimbursement of funds allocated.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of North Miami

**13. Requestor Contact Information:**

- a. **Name:** Larry Spring
- b. **Organization:** City of North Miami
- c. **Email:** lspring@northmiamifl.gov
- d. **Phone Number:** (305)893-6511



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### 14. Recipient Contact Information:

a. **Organization:** City of North Miami

b. **County:** Miami-Dade

c. **Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Natasha Colebrook-Williams

e. **E-mail Address:** ncolebrook-williams@northmiamifl.gov

f. **Phone Number:** (305)893-6511

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** Ronald Book

b. **Firm:** Ronald L. Book, P.A.

c. **Email:** ron@rlbookpa.com

d. **Phone Number:** (305)935-1866