



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mount Sinai Critical Healthcare Water Supply Emergency Preparedness Infrastructure

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

The project site is submerged land granted and filled for Mount Sinai by the State in the 1960s. The project will elevate this land to mitigate storm surge, seawater intrusion, and flooding and protect the critical care functions at the medical center. RESILIENCE THROUGH ELEVATION The underlying geological base of the Mount Sinai inlet island is porous varied sand and limestone subsurface. This existing fill is a type of muck that must be removed, replaced with structural soil, and retained with a netting like barrier. This method will be used to elevate the grade between 2-5 feet up to the FEMA 100-year flood elevation. The new foundation will inhibit water intrusion and provide space for drainage.

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 Environmental Protection

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
	1,000,000	1,000,000

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)	1,000,000	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	1,000,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**



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- 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)
- 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:	Input Prior FY Appropriation for this project for FY 2017-18		
	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 project will protect the critical healthcare water supply for hospital patients at the second most popular tourist area in the State, the Miami Beach barrier island, which is locked down during regional disaster events. PROJECT GOALS : 1. Mitigate community emergencies by ensuring water for essential healthcare; 2. Protect the health of the public

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

The project will add an emergency access only connection to Miami Dade County's existing 36" water main which is installed along the east bound lane of the Julia Tuttle Causeway (I195/SR112) or by connecting in an alternative method.

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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other			
<input type="checkbox"/> Consultants/Contracted Services/Study			
Operational Costs			
<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	TBD		1,000,000
TOTAL			1,000,000

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

Mount Sinai and the State work with the Department of Homeland Security “to maintain the ability to provide essential health services during and after disasters.” As the sole hospital provider during disasters for vulnerable populations without options, Mount Sinai fulfils an essential emergency healthcare function for the city, state, and federal government. Water is critical to healthcare.

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

STATEWIDE NEED At least 10 million visitors come to Miami Beach where Mount Sinai Medical Center is the only hospital and emergency services provider for the second most visited tourist destination in Florida. During a disaster, Mount Sinai serves as a 1. Regional Critical Care facility, 2. an Emergency Operations Center (EOC), and a 3. Medical Management Facility (MMF) for oxygen and electric dependent. Mount Sinai’s inlet location provides land, air, and sea entrances to Miami Beach for first responders.

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

The outcome is that there will be an emergency option for water in the event of mass damage.

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?

Performance Lien in the amount of funding.

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.

Mount Sinai Medical Center of Florida, Inc.



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13. Requestor Contact Information:

- a. **Name:** Steven Sonenreich
- b. **Organization:** Mount Sinai Medical Center of Florida, Inc
- c. **Email:** Steven.Sonenreich@msmc.com
- d. **Phone Number:** (305)674-2223

14. Recipient Contact Information:

- a. **Organization:** Mount Sinai Medical Center of Florida, Inc
- 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:** Stacy Kilroy
- e. **E-mail Address:** skilroy@msmc.com
- f. **Phone Number:** (305)527-4028

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

- a. **Name:** BrianBallard LarryOverton
- b. **Firm:** Ballard Partners ; Larry J. Overton & Associates
- c. **Email:** greg@ballardfl.com ; loverton@loverton.net
- d. **Phone Number:** (850)577-0444

16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

17. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern



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Rural Area of Opportunity (s. 288-0656, Florida Statutes)

N/A

18. What is the status of construction?

Construction Status: Planning -100%,Permitting -25% Per Rule 620552.200 - "Financially disadvantaged community" means a municipality with a median household income of less than the statewide average. Median household income in the past 12 months for Miami Beach is \$44,342; Florida is \$47,500; U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimat

19. What percentage of construction has been completed?

100% Planning, 25% Permitting with an estimated completion in December 2020.

20. What is the estimated completion date of construction?

estimated completion in December 2020.