



# The Florida Senate

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

1. **Title of Project:** Hialeah Gardens Therapy Pool for the Physically challenged

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Construction of new Therapy Pool for the physically challenged

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?

Agency for Persons with Disabilities

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
	500,000	500,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

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)

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.



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

### 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?

To expand the City's aquatic center to include facilities for the physically challenged.

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

These funds will facilitate the design and construction of a therapy pool for the physically challenged

#### 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		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design and construction.	500,000
TOTAL		500,000

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

To provide a facility designed to meet the needs of the physically challenged, to promote the overall health and well being of the community

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

The center will be available for all residents. Attendance will vary, but it is expected to serve 100-150 individuals.

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

To provide free access to a facility where the physically challenged can have full access to a facility which is designed specifically to meet their needs.

**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?**

The greatest penalty, will be the failure to improve the live and well being of our physically challenged community. But we will accept any reasonable suggestion.

**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.**

The facility is owned and operated by the City of Hialeah Gardens

**13. Requestor Contact Information:**

- a. **Name:** Yiozet De La Cruz
- b. **Organization:** City of Hialeah Gardens
- c. **Email:** ydelacruz@cityofhialeahgardens.com
- d. **Phone Number:** (305)558-4114

**14. Recipient Contact Information:**

- a. **Organization:** City of Hialeah Gardens
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)



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

- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Yioset De La Cruz

**e. E-mail Address:** ydelacruz@cityofhialeahgardens.com

**f. Phone Number:** (305)558-4114

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**