



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1491

**1. Title of Project:** City of North Miami - Griffing Community Center

**2. Senate Sponsor:** Jason Pizzo

**3. Date of Submission:** 02/11/2019

**4. Project/Program Description:**

Funds are requested for the construction of a community center located at 12200 Griffing Boulevard, North Miami, Florida 33161. The center will serve as a gateway for North Miami’s 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; transportation services; volunteer and civic engagement opportunities; and social and recreational activities, among other initiatives. Additionally, after-school programs for youth will continue to operate in the facility. The North Miami Community Redevelopment Agency budgeted \$823,000 in FY 2018 for design.

**5. State Agency to receive requested funds :** Department of Elder Affairs

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	50.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	1,000,000	50.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>2,000,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**



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Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a community center located at 12200 Griffing Boulevard, North Miami, Florida 33161. The center will serve as a gateway for North Miami's aging network; connecting older adults to vital community services that can help them stay healthy and independent. The North Miami Community Redevelopment Agency budgeted \$823,000 in FY 2018 for design.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**11. Program Performance:**

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

The purpose of the funds is to construct a community center at 12200 Griffing Boulevard, North Miami, Florida 33161. The center will serve as a gateway for North Miami's aging network; connecting older adults to vital community services that can help them stay healthy and independent. The North Miami Community Redevelopment Agency budgeted \$823,000 in FY 2018 for design.

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

The center will serve as a gateway for North Miami's 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; transportation services; volunteer and civic engagement opportunities; and social and recreational activities, among other initiatives. Additionally, after-school programs for youth will continue to operate in the facility.

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

The facility will offer a wide variety of programs and services, such as meals and nutrition programs, and information and assistance regarding health, fitness, and wellness.

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

North Miami aging network and youth. Anywhere from 400 – 800 residents of North Miami, elderly and youth are expected to be served.



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

The construction of a state of the art community center for the benefit of the aging North Miami constituency.

**f. 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 penalty for not performing this project would require the reimbursement of state funds.

**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. **E-mail Address:** lspring@northmiamifl.gov
- d. **Phone Number:** (305)895-9898

**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)895-9898

**15. Lobbyist Contact Information**

- a. **Name:** Ron Book
- b. **Firm Name:** Ronald Book, P.A.
- c. **E-mail Address:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866