



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1335

1. **Project Title** Critical Power Resiliency

2. **Senate Sponsor** Manny Diaz

3. **Date of Request** 11/12/2019

4. **Project/Program Description**

Protect the critical emergency power for the only hospital and emergency services provider on Miami Beach. The project funds the elevation and protection of critical components of our emergency power system. This includes three (3) transformers and the DEF (Diesel Exhaust Fluid) tank. These are critical components in our emergency power system that provides redundant power to the new Emergency Department, all inpatient beds (including our Surgery Tower building) and the City of Miami Beach's Emergency Operations Center (located just above the Emergency Department on the 2nd floor).

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	2,535,000
<b>Total State Funds Requested</b>	<b>2,535,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2535000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,535,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

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

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

If yes, indicate nonrecurring amount per year.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1335

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

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: Other</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	Relocate DEF tank and 3 existing pad-mount transformers above 100-yr flood plain.	2,535,000
<b>Total State Funds Requested (must equal total from question #6)</b>		2,535,000



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1335

#### 11. Program Performance

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

The purpose of the project is to protect the critical emergency power for the only hospital and emergency services provider on Miami Beach. The project funds the elevation and protection of critical components of our emergency power system. This includes three (3) transformers and the DEF (Diesel Exhaust Fluid) tank. These are critical components in our emergency power system that provides redundant power to the new Emergency Department, all inpatient beds (including our Surgery Tower building) and the City of Miami Beach's Emergency Operations Center (located just above the Emergency Department on the 2nd floor). This is an urgent emergency management need for Miami Beach residents and its over 10 million annual visitors. The project assists the State with its mission to promote special initiatives that resolve unique and dangerous situations in Florida.

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

Elevation and protection of critical components of our emergency power system. This includes three (3) transformers and the DEF (Diesel Exhaust Fluid) tank. These are critical components in our emergency power system that provides redundant power to the new Emergency Department, all inpatient beds (including our Surgery Tower building) and the City of Miami Beach's Emergency Operations Center (located just above the Emergency Department on the 2nd floor).

c. What direct services will be provided to citizens by the appropriation project?

Mount Sinai Medical Center is the only hospital and emergency services provider on Miami Beach, an island that is the second most visited tourist destination in Florida. During a disaster, Mount Sinai serves as a Regional Critical Care facility, an Emergency Operations Center (EOC), and a Medical Management Facility (MMF) for oxygen and electric dependent patients. Mount Sinai's inlet location provides land, air, and sea entrances to Miami Beach for first responders.

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

See C above

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

This project will continue to harden MSMC's campus in preparation for disasters such as hurricanes as well as provide better access to healthcare services on a daily basis.

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?

Loss of Funding.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1335

12. **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.**

Not Applicable

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.