1. **Project Title**: Hialeah Gardens Therapy Center for the Physically Challenged

2. **Senate Sponsor**: Manny Diaz

3. **Date of Request**: 11/21/2019

4. **Project/Program Description**: Design and construction of a new 3,004 s.f. therapy pool and therapy equipment.

5. **State Agency to receive requested funds**: Agency for Persons with Disabilities

   - State Agency contacted?  Yes  No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>800,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>800,000</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Local</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Other</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2020-2021</strong></td>
<td>800,000</td>
<td>100 %</td>
</tr>
</tbody>
</table>

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

   If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonrecurring</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   If yes, indicate nonrecurring amount per year.
**Spending Category** | **Description** | **Amount**
--- | --- | ---
**Administrative Costs:**
Executive Director/Project Head Salary and Benefits |  
Other Salary and Benefits |  
Expense/Equipment/Travel/Supplies/Other |  
Consultants/Contracted Services/Study |  
**Operational Costs: Other**
Salary and Benefits |  
Expense/Equipment/Travel/Supplies/Other |  
Consultants/Contracted Services/Study |  
**Fixed Capital Construction/Major Renovation:**
Construction/Renovation/Land/Planning Engineering | Design and construction of a new 3,004 s.f. therapy pool and therapy equipment. | 800,000
**Total State Funds Requested (must equal total from question #6)** |  | 800,000
11. **Program Performance**
   
a. What specific purpose or goal will be achieved by the funds requested?
   
   To expand the City's aquatic center to include facilities for the physically challenged.

b. What activities and services will be provided to meet the intended purpose of these funds?
   
   Physically challenged citizens of Hialeah Gardens will be able to receive treatment and rehabilitation services.

c. What direct services will be provided to citizens by the appropriation project?
   
   Funds will help acquire therapy equipment to help serve the physically challenged in the community.

d. Who is the target population served by this project? How many individuals are expected to be served?
   
   Physically challenged citizens of Hialeah Gardens.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Funds will help physically challenged citizens.

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?
   
   Consider other allowable uses of funds for other projects, in progress, by the City within the fiscal year of allocation.
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.**

The Therapy Center would be owned by the City of Hialeah Gardens.

13. **Requestor Contact Information**
   a. **First Name** Yioset  
      **Last Name** De La Cruz
   b. **Organization** City of Hialeah Gardens
   c. **E-mail Address** ydelacruz@cityofhialeahgardens.com
   d. **Phone Number** (305)558-4114  
      **Ext.**

14. **Recipient Contact Information**
   a. **Organization** City of Hialeah Gardens
   b. **Municipality and County** Miami-Dade
   c. **Organization Type**
      - [ ] For-profit Entity
      - [ ] Non-Profit 501(c) (3)
      - [ ] Non-Profit 501(c) (4)
      - [x] Local Entity
      - [ ] University or College
      - [ ] Other (please specify)
   d. **First Name** Yioset  
      **Last Name** De La Cruz
   e. **E-mail Address** ydelacruz@cityofhialeahgardens.com
   f. **Phone Number** (305)5584114

15. **Lobbyist Contact Information**
   a. **Name** Eddy Gonzalez
   b. **Firm Name** Sun city Strategies
   c. **E-mail Address** egonzalez102@yahoo.com
   d. **Phone Number** (786)3515849  
      **Ext.**