1. **Project Title**: City of Miami Resilience Hubs For Disaster Preparedness/Recovery

2. **Senate Sponsor**: Jason Pizzo

3. **Date of Request**: 01/17/2020

4. **Project/Program Description**

   To initiate a five-year program to enhance strategically selected facilities across the city to educate the public, distribute resources, transmit information, and provide services to residents before, during, and after an incident such as a hurricane. Goals are to harden facilities such as roofs, doors, windows; create storage; improve accessibility; purchase generators; and enhance communications capabilities to improve the condition of these facilities to serve as resilience hubs.

5. **State Agency to receive requested funds**: Executive Office of the Governor

   **State Agency contacted?**: Yes

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>500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>1,500,000</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>1500000</td>
<td>100.0 %</td>
</tr>
<tr>
<td>Matching Funds</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>1,500,000</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></td>
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</tr>
</tbody>
</table>

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

   **If yes, indicate nonrecurring amount per year.** 1,500,000
10. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Funds will be used to perform site assessments to identify specific requirements for resilience hubs.</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td>The funds will be used to construct and reinforce the selected sites for resilience hubs. Construction and reinforcement include: roofs, compact doors and windows, generators and power, charging stations, refrigerators, storage rooms to store supplies such as water, food, and basic medical supplies, and enhancing communications.</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>1,500,000</td>
</tr>
</tbody>
</table>
11. **Program Performance**
   
a. What specific purpose or goal will be achieved by the funds requested?
   
   Increase education and awareness on climate changes and the impact it has on the residents and prepare residents on how to plan, respond, and recover during a hurricane or other incident.

b. What activities and services will be provided to meet the intended purpose of these funds?
   
   Increase training on incident preparedness, response, and recovery. Improve communication with residents during a disaster. Provide food, water, and basic medical supplies after an incident.

c. What direct services will be provided to citizens by the appropriation project?
   
   Provide food, water, and basic medical supplies after an incident.

d. Who is the target population served by this project? How many individuals are expected to be served?
   
   All populations in Miami-Dade County.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Prepare the public for incidents and disasters. Number of residents educated. Services provided to enhance recovery.

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?
   
   Forfeit funds and subject to audit.
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.

   City of Miami.

13. Requestor Contact Information
   a. First Name  Emilio  Last Name  Gonzalez
   b. Organization  City of Miami
   c. E-mail Address  ETGonzalez@miamigov.com
   d. Phone Number  (305)416-1025  Ext.

14. Recipient Contact Information
   a. Organization  City of Miami
   b. Municipality and County  Miami-Dade
   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  Jane  Last Name  Gilbert
   e. E-mail Address  JaGilbert@miamigov.com
   f. Phone Number  (305)4161048

15. Lobbyist Contact Information
   a. Name  Nikolas Pascual
   b. Firm Name  City of Miami
   c. E-mail Address  NPascual@miamigov.com
   d. Phone Number  (305)2505416  Ext.