



# The Florida Senate

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

1. **Title of Project:** Community Accessibility Remodeling Project

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/02/2017

4. **Project/Program Description:**

This community development project will provide the remodeling of the Lighthouse of Hope Community Development Enrichment Center, Inc., for the enhancement and accessibility of the disabled and the general public.

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?  
Department of Economic Opportunity

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
500,317	1,049,683	1,550,000

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):** 1,550,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

Structural enhancement and safety including: Facility accessibility and increased efficiency while providing services in the most vulnerable areas of Liberty City, Overtown, North Miami, Miami Gardens, Opa Locka and Miami-Dade County. The project will also provide needed shelter during catastrophic weather conditions; enhance handicap accessibility for the general public; repair the auditorium ceiling; replace building windows, repair the roof, enhance lighting and sound curtain systems, back room configuration and general upgrades to restrooms, heating and cooling equipment, provide code and ADA compliance, and upgrade the parking lot for disabled parking.

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

Activities and services will include teaching seniors computer literacy, basic computer skills for seniors, adults and children, and providing academic tutoring to inspire excellence and success for youths, adults, and seniors.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Director and Project Administrator	55,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Project foreman, Administrative Assistant, Budget Coordinator and other	78,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Project expense including	15,000



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	equipment, travel, and supplies	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Project Facilitators and contracted services	20,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Project salary and benefits	110,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Project expenses, equipment travel and supplies	100,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Project contracted services expenses	121,817
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Project engineering, planning and construction expenses	1,049,683
TOTAL		1,550,000

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

We will provide programs and future programs conducive to community needs assessments such as providing needed shelter during catastrophic weather conditions, food ministries, pastoral care, counseling, enhancing computer efficiencies for senior citizens, after school programs providing room to bloom, psycho-social and substance abuse counseling, health care symposiums, and network referrals.

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

Disabled, seniors, young adults, youths, and general public of Miami-Dade County with expectations of serving approximately 500 or more individuals.

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

The expected outcome of this project is to have a completely functional state-of-the-art facility. The expected benefit will be to provide a safe environment for those entering our doors and to house and provide services for the aforementioned programs with greater efficiency. The outcome will be measured by consistently conducting Intake and Exit Surveys and evaluations, extensive analysis, data collection, and performance management which will be measured using the PDSA (Plan-DO-Study-Act) Model.

**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?**

Withholding of funds.



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**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.**

All fixed capital outlay will be the responsibility of the Lighthouse of Hope Community Development Enrichment Center, Inc.

**13. Requestor Contact Information:**

- a. **Name:** Lawanda Dorsett
- b. **Organization:** Lighthouse of Hope Community Development Enrichment Center, Inc.
- c. **Email:** dorsettcaldvin@yahoo.com
- d. **Phone Number:** (786)597-6060

**14. Recipient Contact Information:**

- a. **Organization:** Rev. Michael A. Day Community Development and Enrichment Cen
- 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:** Michael Day
- e. **E-mail Address:** michaelday978@gmail.com
- f. **Phone Number:** (305)904-8568

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**

**16. Have you applied for alternative state funding?**

- ☐ Wastewater Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (Please describe)
- ☒ N/A



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**17. What is the population economic status?**

- ☒ Financially Disadvantaged Community (ch. 62-552, F.A.C)
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- ☐ Rural Area of Economic Concern
- ☐ Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- ☐ N/A

**18. What is the status of construction?**

Pending results of contractors bids

**19. What percentage of construction has been completed?**

Structure is standing

**20. What is the estimated completion date of construction?**

TBD