



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1457

1. **Title of Project:** Virginia Gardens-City Hall ADA Upgrades/Emergency Shelter

2. **Senate Sponsor:** Manny Diaz

3. **Date of Submission:** 02/08/2019

4. **Project/Program Description:**

Village of Virginia Gardens city hall ADA upgrades and emergency shelter for seniors citizens, residents, and police

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

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	650,000
<b>Total State Funds Requested</b>	<b>650,000</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)	650,000	92.86%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	50,000	7.14%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>700,000</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**

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		



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<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	Construction/Engineering	650,000
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>650,000</b>

**11. Program Performance:**

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

Funds will be disbursed to contractors for construction and will be allocated following Village of Virginia Gardens official policies and procedures.

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

The expansion of city hall, will help harden the infrastructure and provide an emergency shelter for residents and law enforcement.

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

ADA compliance and a storm shelter.

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

Residents and Law Enforcement. 1,700 people.

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

Construction of a village hall and storm shelter. The Village Hall also serves as the voting pole for the residents.

**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?**

Revocation of 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.**

The Village of Virginia Gardens.

**13. Requestor Contact Information:**

- a. Name:** Spencer Deno
- b. Organization:** Village of Virginia Gardens
- c. E-mail Address:** mayor@virginiagardens-fl.gov
- d. Phone Number:** (305)986-3017



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#### 14. Recipient Contact Information:

- a. **Organization:** Village of Virginia Gardens
- 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:** Spencer Deno
- e. **E-mail Address:** mayordeno1@bellsouth.net
- f. **Phone Number:** (305)986-3017

#### 15. Lobbyist Contact Information

- a. **Name:** Jose Fuentes
- b. **Firm Name:** Becker Poliakoff
- c. **E-mail Address:** jfuentes@bplegal.com
- d. **Phone Number:** (305)299-4900