1. **Title of Project:** Mount Sinai Medical Center Road Improvements

2. **Senate Sponsor:** Manny Diaz

3. **Date of Submission:** 02/07/2019

4. **Project/Program Description:**
   - Raises portion of perimeter and loading dock roads.
   - Adds or improves drainage in combination of repair of existing infrastructure.

5. **State Agency to receive requested funds:** Department of Transportation
   - State Agency Contacted? No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>4,830,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>4,830,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>4,830,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>4,830,000</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

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

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

    | Spending Category Administrative Costs: | Description                      | Amount |
    |-----------------------------------------|---------------------------------|--------|
    | Executive Director/Project Head Salary and Benefits | Executive Director/Project Head Salary and Benefits | |
    | Other Salary and Benefits              | Other Salary and Benefits       | |
    | Expense/Equipment/Travel/Supplies/Other | Expense/Equipment/Travel/Supplies/Other | |
11. Program Performance:

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

   MSMC is situated on a 52 acre waterfront inlet site. The site was once two small islands, but later was developed into the existing campus through an agreement with the state in 1957 to fill in several canals and the bay area separating the islands. Today the MSMC campus is accessible by helicopter and by boat, but the primary means of ingress and egress is ground transportation. The roadway consists of a single road that circles the perimeter of the campus with one entrance and two exits. The road is used by employees, patients, emergency vehicles, visitors, buses and the local trolley.

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

   This project will elevate portions of the existing circle road and Sullivan Drive. The objective is to mitigate current storm surge, seawater intrusion, and flooding to protect critical care functions. Secondly, the loading dock and Central Services area were moved to the newly constructed surgical tower. This funding would also be utilized to construct a new loading dock roadway extension to provide better access to this area.

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

   MSMC 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, MSMC serves as a Regional Critical Care facility, and Emergency Operations Center (EOC), and a Medical Management Facility (MMF) for oxygen and electric dependent patients. Access to these services is critical for the Miami Beach residents and tourists.

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?**

   Audit and cease all state funding.
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.

Mount Sinai Medical Center of Florida, Inc.

13. Requestor Contact Information:
   a. Name: Steven Sonenreich
   b. Organization: Mount Sinai Medical Center of Florida, Inc.
   c. E-mail Address: steven.sonenreich@msmc.com
   d. Phone Number: (305)687-2223

14. Recipient Contact Information:
   a. Organization: Mount Sinai Medical Center of Florida, Inc.
   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: Alex Mendez
   e. E-mail Address: amendez@msmc.com
   f. Phone Number: (305)674-2089

15. Lobbyist Contact Information
   a. Name: Katherine San Pedro
   b. Firm Name: Ballard Partners
   c. E-mail Address: katherine@ballardfl.com
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