1. **Title of Project:** Mount Sinai Medical Center Generator Plant Expansion

2. **Senate Sponsor:** Jason Pizzo

3. **Date of Submission:** 03/11/2019

4. **Project/Program Description:**
   Increase capacity of existing generator plant by additional 2.5MW to support the new patient tower while maintaining full generator capability to support the chiller plant and provide conditioned air to all clinical areas; and expand existing generator plant building to support additional 2.5MW generators with a hardened addition that can sustain Category 5 hurricane winds.

5. **State Agency to receive requested funds:** Agency for Health Care Administration

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></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>1,000,000</strong></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>1,000,000</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><strong>1,000,000</strong></td>
<td><strong>100.0%</strong></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 |             |        |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2385

<table>
<thead>
<tr>
<th>Other Salary and Benefits</th>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Consultants/Contracted Services/Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Costs:</td>
<td>Salary and Benefits</td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Consultants/Contracted Services/Study</td>
<td>Construction/Renovation/Land/Planning Engineering</td>
</tr>
</tbody>
</table>

Add approximately 2,709 sq. ft. to the existing generator plant to house four additional generators. Includes demolition and other site prep, adding canopy and doors, expanding existing louvers, etc. 1,000,000

Total State Funds Requested (must equal total from question #6) 1,000,000

11. Program Performance:

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

Expand existing generator plant to provide critical emergency power to enhance infrastructure of new surgical tower, 50 new emergency room bays, and the Miami Beach Command Center. This is only one part of the resiliency fortification needed to withstand sustained hurricane force winds and rising storm waters.

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

The additional generators will support three critical branches of power: Life Safety (emergency lighting, fire alarms, and protection systems); Critical Medical Equipment Support (red outlets); and Equipment (utility systems, HVAC, and elevators).

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

The Mount Sinai Medical Center (MSMC) is the only hospital and emergency service provider in Miami Beach. The 50 new emergency room bays will provide greater support to first responders during emergencies.

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

The MSMC is the only hospital and emergency services provider in Miami Beach, an island that is the second most visited tourist destination in Florida. During a disaster, the MSMC serves as a Regional Critical Care facility, Emergency Operations Center, and a Medical Management Facility for oxygen and electric dependent patients. Access to these services is critical for the Miami Beach residents and tourists.

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

Provide backup electrical support in case of primary system failure and provide support for the City of Miami Beach Command Center and Critical Operations Hub when activated during times of emergency management and natural disaster.

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?

N/A

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.

N/A

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
   d. Phone Number: (305)456-8479