



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2644

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Operational costs	620,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		620,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Increase the energy and water efficiency at City facilities
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Energy Audits, design review, upgrades, investment in new energy efficiency and smart technology
- c. **What are the direct services to be provided to citizens by the appropriations project?**
reduced environmental impact to power and water consumption. Investment in renewable energy.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
all citizens
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
lower water and electricity bills. Increased resiliency for city facilities. Education to the community on best practices.
- 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?**
A deadline for completion of the project

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



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13. Requestor Contact Information:

- a. **Name:** Naomi Levi Garcia
- b. **Organization:** City of Coral Gables
- c. **E-mail Address:** nlevi-garcia@coralgables.com
- d. **Phone Number:** (305)460-5248

14. Recipient Contact Information:

- a. **Organization:** City of Coral Gables
- 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:** Naomi Levi Garcia
- e. **E-mail Address:** nlevi-garcia@coralgables.com
- f. **Phone Number:** (305)460-5248

15. Lobbyist Contact Information

- a. **Name:** Kevin Cabrera
- b. **Firm Name:** Southern Strategy
- c. **E-mail Address:** cabrera@sostrategy.com
- d. **Phone Number:** (305)555-5555