



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1588

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The proposed project seeks to make necessary fixed capital improvements to the City of Hialeah Emergency Operations Center and fuel stations. The fuel stations will also serve the City of Hialeah Gardens, City of Miami Lakes, and the City of Opa-Locka emergency Services.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80px;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80px;" type="text" value="705,081"/>
<b>Total State Funds Requested</b>	<b>705,081</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80px;" type="text" value="705081"/>	<input style="width: 80px;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="0"/> %
Local	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="0"/> %
Other	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>705,081</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text" value="&gt;5 years"/>	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="750,000"/>	<input style="width: 80px;" type="text" value=""/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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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		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovations/upgrades to the emergency operations center and fuel stations	<input style="width: 100%; height: 20px;" type="text"/> 705,081
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>705,081</b>



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#### 11. Program Performance

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

This project includes only expenditures for items related to renovations and upgrades to the emergency operations center and fuel stations that will serve to assure the city's response to emergency events.

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

The city, with these requested funds, will be able to renovate and upgrade the emergency operations center and fuel stations. The funds will ensure that the citizens receive immediate and uninterrupted response during emergency events.

- c. What direct services will be provided to citizens by the appropriation project?

The citizens will directly benefit by having essential services available immediately following an emergency or severe weather event.

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

The project will serve City of Hialeah. Individuals expected to be served exceeds 238,000 persons.

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

Through the requested project the City of Hialeah will be better able to respond to the communities' needs and assist neighboring cities during times of emergency. The methodology by which this outcome will be measured shall be by providing essential services without delay or lapse of response time.

- 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?

Failing to meet deliverable should result in non-reimbursement.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

City of Hialeah

13. **Requestor Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

14. **Recipient Contact Information**

a. Organization

b. Municipality and County

c. Organization Type

- For-profit Entity
- Non-Profit 501(c) (3)
- Non-Profit 501(c) (4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

15. **Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number  Ext.