



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1830

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

4. **Project/Program Description**

This project will elevate and re-grade portions of the parcel and existing Ring Road and Entrance Drive. It will also fund associated drainage to manage storm water. This project will better prepare Mount Sinai to address flooding issues unique to the limestone barrier island inlet where Mount Sinai Medical Center is situated. With approximately 55 acres and over 20 buildings on this campus, having a safe and secure road to circulate traffic is essential for emergency vehicles and access.

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: 100px;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="4,000,000"/>
<b>Total State Funds Requested</b>	<b>4,000,000</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: 100px;" type="text" value="4000000"/>	<input style="width: 50px;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>4,000,000</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: 100px;" type="text" value="2019-20"/>	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="1,000,000"/>	<input style="width: 100px;" type="text" value="1989A"/>	<input type="checkbox"/> 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 type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Elevate and re-grade Ring Road and Entrance Drive.	4,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		4,000,000



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## 11. Program Performance

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

Mount Sinai Medical Center (MSMC) is situated on a 55 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 activities and services will be provided to meet the intended purpose of these funds?

This project will elevate and re-grade portions of the parcel and existing Ring Road and Entrance Drive. It will also fund associated drainage to manage storm water. This project will better prepare Mount Sinai to address flooding issues unique to the limestone barrier island inlet where Mount Sinai Medical Center is situated. With approximately 55 acres and over 20 buildings on this campus, having a safe and secure road to circulate traffic is essential for emergency vehicles and access.

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

Loss of funding.



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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.**

Mount Sinai Medical Center of Florida, Inc.

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.