



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1121

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

According to Florida Health, people aged 65 years and older are at high-risk for severe illness from COVID-19. Those age 65 and older account for 80% of coronavirus-related deaths. According to the Centers for Disease Control and Prevention (CDC), many seniors are staying safe by staying home and social distancing. However, seniors are now at increased risk of social isolation and loneliness, which can result in depression, anxiety, and other health related problems. Moreover, seniors are experiencing economic insecurity in the presence of the COVID-19 Pandemic, unable to afford or access health screenings or healthy meals, while their family members struggle with the negative impacts of unemployment. For these challenging times, and beyond, the Town of Miami Lakes requests \$500,000 in legislative appropriation for the completion of the Miami Lakes Senior Community Center Project to directly serve the vital needs of the elderly adult population.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

N/A

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

- \$122,700 from the CESF for Police COVID-19 related overtime.
- \$552,000 from the CARES Act for the Miami Lakes Small Business Grant Program.
- \$103,878 from the CARES Act for police expenses, PPEs, and social distancing supplies.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be used to perform the interior design concept, fully furnish, and equip the multi-purpose 6,000 square feet Miami Lakes Senior Community Center to provide vital and essential health and wellness services to the Miami Lakes senior population, especially during the COVID-19 Pandemic.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

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

The specific purpose that will be achieved by the funds being requested are to perform the interior design concept, fully furnish, and equip the multi-purpose 6,000 square feet Miami Lakes Senior Community Center to provide vital and essential health and wellness services to the Miami Lakes senior population, especially during the COVID-19 Pandemic.

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

Fixed Capital Construction/Major Renovation: Interior design concept, fully furnish, and equip the multi-purpose 6,000 square feet Miami Lakes Senior Community Center.

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

Funds will be used to perform the interior design concept, fully furnish, and equip the multi-purpose 6,000 square feet Miami Lakes Senior Community Center to provide vital and essential health and wellness services to the Miami Lakes senior population, especially during the COVID-19 Pandemic.

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

Target population served by this Project is Elderly Persons. Over 9,000 seniors are expected to be served.

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



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Expected benefits of the Project will be a fixed, multi-purpose senior center, offering vital programs, services, and amenities for the elderly adult population. The Project will provide free Freebee electric vehicle ADA transportation, referral of social services, and free meals through the Town's Elderly Affairs Committee Lunch Bunch and Bingo Program (proposed drive-by location due to COVID-19). Moreover, the Project will provide educational and computer classes, Spanish courses, arts and crafts, and free senior health fairs, including health care providers on site to administer health screenings, flu shots, and COVID-19 vaccinations. Through this Project, the Town will diminish isolation, loneliness, depression, and anxiety for seniors who are social distancing during the pandemic, as well as, enhance the delivery of essential services to our senior population.

**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 the contract?**

No payment will be made for a request for reimbursement which does not include an updated summary of the project, dated invoices, checks paid by the contracting agency, and proof of payments via copies of deposited checks.

**13. 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.**

Self.



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number