

1. Project Title	Hialeah Gardens Therapy Center for the Physically Challenged
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2. Senate Sponsor Manny Diaz

3. Date of Request 01/26/2021

4. Project/Program Description

Design and construction of a new 3,000 s.f. therapy center and equipment.

5. State Agency to receive requested funds

s Agency for Persons with Disabilities

State Agency contacted? No

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

Type of Funding	Amount	
Operations	0	
Fixed Capital Outlay	800,000	
Total State Funds Requested	800,000	

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)	800,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	800,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	0	400,000	406B	Yes	

9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

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

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

Yes

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



LFIR # 1497

The City of Hialeah Gardens received funds from the Cares Act. Federal assistance funds related to COVID-19 pandemic were used as follows:

Labor – A total of \$84,853 for Police payroll as they were crucial in assisting on the delivery of meals for elders and general population.

Materials and Supplies – A total of \$21,159 for the purchase of PPE, and other necessary products to maintain the City departments sanitized.

Other Costs – A total of \$95,375 for the purchase of meals for general population and city employees that assisted during the deliveries of such meals.

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Design and construction of a new 3,000 S.F. therapy center and equipment.	800,000	
Total State Funds Requested (must equal total from question #6) 800,00			

12. Program Performance

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

Design and construction of a therapy center for seniors and persons with disability recovering from injury or illness and for those experiencing chronic pain, physical therapy can help relieve pain and restore physical functions such as flexibility, strength, balance and coordination.

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

The goal of physical therapy for seniors and persons with disability is to make daily tasks and activities easier and to make them as independent as possible. The center will enable those recovering from physical trauma, stroke and other physical impediments reach their goal.

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

Free access to therapy center and equipment

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

Physically disable, elderly, and those recovering from physical trauma

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



Help individual recover, and improve mobility, increases quality of life and directly ensures the very best level of recovery by strengthening the muscles associated with injury, surgery or disability as well as surrounding muscles. Logs and files will be kept on all who uses the center.

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?

State may review and withhold future funding if obligations do not meet required oversight.

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.

The City of Hialeah Gardens is the owner/operator of the facility



LFIR # 1497

14. Requestor Contact Information

	a. First Name	Yioset		Last Name	De La Cruz	
	b. Organization	City of Hialeah Gardens				
	c. E-mail Address	ydelacruz@cityofhialeahgardens.com				
	d. Phone Number	(305)558-4114 Ext.				
15.	Recipient Contact Information					
	a. Organization	-				
	b. Municipality and					
	c. Organization Ty	pe				
	□For Profit Entity					
	□Non Profit 501(c	e)(3)				
	□Non Profit 501(c	:)(4)				
	☑Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Yioset		Last Name	De La Cruz	
	e. E-mail Address ydelacruz@cityofhialeahgardens.com f. Phone Number (305)558-4114					
16.	16. Lobbyist Contact Information					
	a. Name	ame Eddy Gonzalez irm Name Sun City Strategies -mail Address eddy@suncitystrategies.com				
	b. Firm Name					
	c. E-mail Address					
	d. Phone Number					