1. Project Title  
Hialeah Gardens Therapy Center for the Physically Challenged

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  
Agency for Persons with Disabilities

State Agency contacted?  
No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>800,000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>800,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested</td>
<td>800,000</td>
<td>100%</td>
</tr>
<tr>
<td>Matching Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total Project Costs for Fiscal Year 2021-2022</td>
<td>800,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding?  
Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyy-yy)</th>
<th>Amount Recurring</th>
<th>Amount Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-21</td>
<td>0</td>
<td>400,000</td>
<td>406B</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Design and construction of a new 3,000 S.F. therapy center and equipment.</td>
<td>800,000</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 800,000

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
### 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**: City of Hialeah Gardens (Municipality)
- **b. Municipality and County**: Miami-Dade
- **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**: Yioset
- **Last Name**: De La Cruz
- **e. E-mail Address**: ydelacruz@cityofhialeahgardens.com
- **f. Phone Number**: (305)558-4114

### 16. Lobbyist Contact Information
- **a. Name**: Eddy Gonzalez
- **b. Firm Name**: Sun City Strategies
- **c. E-mail Address**: eddy@suncitystrategies.com
- **d. Phone Number**: (786)351-5849