



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1807

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of the project is to retrofit the town's Government Center and Police Department complex to comply with the Americans with Disabilities Act.

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	400,000
Total State Funds Requested	400,000

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)	400,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	60%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	150,000	2279A	Yes

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.

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

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



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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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	All funds will be used for construction.	400,000
Total State Funds Requested (must equal total from question #6)		400,000

12. Program Performance

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

The goal of the project is to retrofit the town's government center and police department complex to comply with the Americans with Disabilities Act.

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

This project will improve the accessibility of the government center and police department complex for all disabled citizens.

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

This project will improve the accessibility of the government center and police department complex for all disabled citizens.

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

Elderly persons, persons with poor physical health, and the physically disabled. Over 8,000 individuals 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?

Some of the improvements will include - widened doorways and hallways, ADA restroom, lower counters, etc., and correcting all of the noncompliant ADA items identified in the ADA facilities survey. The town will measure all improvements by comparing it to the list identified in the "Americans with Disabilities Act Facilities Survey" conducted by Jeffrey Gross and Associates.

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?

Standard contract penalties are sufficient.



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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 Town of Bay Harbor Islands.



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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**