



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1927

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project is to renovate and expand the existing Badia Senior Center. The center will provide health and wellness activities such as recreational, social programs, lunches, computer classes, field trips, etc.

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	3,758,000
Total State Funds Requested	3,758,000

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)	3,758,000	82%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	800,000	18%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	4,558,000	100%

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.

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	The funds will be used to renovate and expand the existing Badia Senior Center.	3,758,000
Total State Funds Requested (must equal total from question #6)		3,758,000

12. Program Performance

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

This project is to renovate and expand the existing Badia Senior Center. The center will provide health and wellness activities such as recreational, social programs, lunches, computer classes, field trips, etc.

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

The funds will be used to renovate and expand the existing Badia Senior Center.

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

The center provides a number of different classes that would improve physical health. These include, arts and crafts, yoga and a variety of different social programs.

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

Elderly population. ~300.

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

- Improve physical health: The center provides a number of different classes that would improve physical health. These include, arts and crafts, yoga and a variety of different social programs. Methodology: Monitor the volume of class sizes and their attendance.
- Improve mental health: Provide a variety of counseling and support groups. Methodology: Monitor the volume who attend these services.
- Improve quality of education: Improves the education including, computer classes, language classes, U.S. Citizenship lessons, arts and crafts, etc. Methodology: Monitor the class sizes and also interests.

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?

N/A



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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.

City of Miami - Local Government



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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) Local Government

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