

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1115

1.	Project Title	Arsht Center Zon	Arsht Center Zone Emergency Response Program - Miami-Dade							
2.	Senate Sponsor	Jason Pizzo								
3.	Date of Request	10/14/2021								
4.	Project/Program Description									
	The center seeks sta will assist first respon event of an active sho agencies that respond	ders. This system ooter or terrorist ac	has proven to r t. This program	educe respons will enhance c	e time by 75 ommunicati	5%, a crucial factor on among the mul	and zoned areas that r in saving lives in the tiple public safety or cultural centers.			
5. State Agency to receive requested funds Division of Emergency Management										
	State Agency contac	cted? No								
6	Amount of the Nonre	ecurring Request	for Fiscal Yea	2022-2023						
	Type of Funding	• •								
	Operations				Amount 264,000					
	Fixed Capital Outlay					0				
	Total State Funds R	equested				264,000				
7.	Total Project Cost fo	or Fiscal Year 2022	2-2023 (includi	ng matching f	unds availa		ect)			
	Type of Funding			Amoun		Percentage				
	Total State Funds Requested (from question #6)			264,000 100						
	Matching Funds Federal				0	0%				
	State (excluding the a	amount of this requ	est)		0	0%				
	Local	amount of this requ	631)		0	0%				
	Other				0	0%				
	Total Project Costs	for Fiscal Year 20	22-2023		264,000	100%				
,	Has this project pre			No	20 1,000	10070				
	Fiscal Year Amount		unt	Spec	ific	Vetoed				
	(уууу-уу)	Recurring	Nonrecurrin	g Appropri	iation #					
9.	Is future funding like	elv to be requeste	d?	No						
-	•	•								
	a. If yes, indicate no	_								
	b. Describe the soul	rce of funding tha	t can be used	in lieu of state	funding.					
10	. Has the entity requ	esting this projec	t received any	federal assist	tance relate	ed to the COVID-1	19 pandemic?			
	Yes									

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



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\$10 million from SVOG (Shuttered Venues Operating Grant) used for operating support.

\$2.2 million from PPP used for personnel expenses.

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

Spending Category	Description	Amount						
Administrative Costs:								
Executive Director/Project Head Salary and Benefits	Vice President of Operations Ken Harris and Project Manager Jeremy Shubrook	27,250						
Other Salary and Benefits		0						
Expense/Equipment/Travel/Supplies/Other		0						
Consultants/Contracted Services/Study	Safer Compass Foundation	36,750						
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	Signage and zoning maps	200,000						
Total State Funds Requested (must equal total from question #6) 264,000								

#### 12. Program Performance

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

Increase public safety for the citizens of Florida.

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

As the project's consultant, Safer Compass Foundation will oversee the manufacture and installation of zoning signs throughout the Arsht Center's campus, which includes a 2,200-seat concert hall, a 2,400-seat opera house, and a 200-seat black box theater. The consultant also will oversee training of staff and local law enforcement.

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

This project will increase public safety and possibly save lives. Citizens will benefit from the expedited response and improved communication between law enforcement.

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

General (the majority of funds will benefit a nonspecific group).

Pre-pandemic over 400,000 guests visited the center annually.

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

Improved public safety communications and quicker emergency response times in the event of an emergency at the Arsht Center, a highly visible, high-density target in the heart of Florida's most populous metropolitan area. The Arsht Center and law enforcement, including Homeland Security in Miami, FBI, and city and county police, have implemented 2 active shooter drills as a baseline for this project.

As part of training, response time will be measured against this baseline.



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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?

If funded, the Arsht Center is ready to move forward with this project and expects to fully meet deliverables for the contract. Standard contract penalties are sufficient.

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.

Miami-Dade County owns the Arsht Center's buildings. The relationship is defined by an Operating Agreement between the Arsht Center and Miami-Dade County.



14.

### **The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023**

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14. Requestor Contact Information									
	a. First Name	Valerie		Last Name	Riles				
	b. Organization	Adrienne Arsht Center Trust, Inc. vriles@arshtcenter.org							
	c. E-mail Address								
	d. Phone Number	(786)468							
15. Recipient Contact Information									
	a. Organization Adrienne Arsht Center Trust, Inc.								
b. Municipality and County Miami-Dade									
	c. Organization Type								
	□For Profit Entity	□For Profit Entity							
	☑Non Profit 501(c)(3)								
	□Non Profit 501(c)(4)								
	□Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Beth		Last Name	Markowitz				
	e. E-mail Address	bmarkowitz@arshtcenter.org							
	f. Phone Number	(786)468-2052							
16. Lobbyist Contact Information									
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address	S							
	d. Phone Number	ne Number							