

LFIR # 1444

I. Project Title	City of Homestea	ıd - Breast Can	cer Screeni	ng		
. Senate Sponsor	Ana Maria Rodrig	luez				
. Date of Request	11/24/2021					
. Project/Program Des	scription					
The City of Homestea 40. The program would process.	ad is requesting \$5 ld be facilitated thr	00,000 in fund ough a partner	s for a mam ship with an	mography pro entity to be d	ogram for uninsured etermined through a	women over the ag a competitive RFP
. State Agency to rece	eive requested fur	n ds Depa	artment of H	ealth		
State Agency contac	ted? No					
Amount of the Nonre	curring Request	for Fiscal Yea	r 2022-2023	3		
Type of Funding				Amo		
Operations					500,000	
Fixed Capital Outlay					0	
Total State Funds Re	equested				500,000	
Type of Funding				ount	Percentage	,
Total State Funds Red	quested (from ques	stion #6)		500,000	100%	
Matching Funds				0	00/	
Federal State (excluding the a	mount of this room	oct)		0	0% 0%	
State (excluding the amount of this request) Local				0	0%	
Other				0	0%	
Total Project Costs f	or Fiscal Voor 20	22-2023		500,000	100%	
Has this project prev		tate funding?	S	pecific	Vetoed	
(уууу-уу)	Recurring	Nonrecurrin	ng Appr	opriation #		
2020-21	0	500,	,000	452	Yes	
. Is future funding like	alv to be requeste	d?	No			
_	•		140			
a. If yes, indicate no	nrecurring amour	nt per year.				
b. Describe the sour	ce of funding tha	t can be used	in lieu of s	tate funding.		
0. Has the entity reque	esting this projec	t received any	federal as	sistance rela	ted to the COVID-1	19 pandemic?
Yes						



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The City was awarded CDBG-CV funds for \$1,012,565 for Housing & Utility Assistance, Meals to Covid-affected individuals, and Small Business Grants. Approx. \$2.1M as sub-recipient of Miami-Dade County to reimburse the City for Covid-related operating expenditures. \$183K through DOJ to cover Covid-related police OT. Approx. \$2.5M in PA funding from FEMA for reimbursement of Covid-related exp. and 2 vaccine claims. \$19,192,087 in ARPA funds which Council is to decide fund use at a later date.

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	The City of Homestead is requesting \$500,000 in funds for a mammography program for uninsured women over the age of 40. The program would be facilitated through a partnership with an entity to be determined through a competitive RFP process.	500,000			
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		0			
Total State Funds Requested (must equal total from question #6) 500,0					

12. Program Performance

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

Funds for this project will be used for a mammography program for uninsured women over the age of 40.

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

Quarterly screening mammographies for uninsured women over the age of 40.

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

Mammographies

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

Uninsured women over the age of 40. Approximately 201-400 individuals will be served.

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

Reduction of women diagnosed with breast cancer.

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?

Revocation of funds.



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13.	The owners of the facility to receive, directly	y or indirectly,	, any fixed capital	outlay funding.	Include the
	relationship between the owners of the faci	lity and the en	tity.		

Local government - City of Homestead



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14.	14. Requestor Contact Information							
	a. First Name	Pamela		Last Name	Springle			
	b. Organization	City of Homestead						
	c. E-mail Address	PSpringle@cityofhomestead.com						
	d. Phone Number	(305)224-4483 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	City of Homestead						
	b. Municipality and County Miami-Dade							
	c. Organization Type							
	□For Profit Entity	ty						
	□Non Profit 501(c	01(c)(3)						
	□Non Profit 501(d	Profit 501(c)(4)						
	☑Local Entity	ity						
	□University or College							
	□Other (please specify)							
	d. First Name	Pamela		Last Name	Springle			
	e. E-mail Address	PSpringle@cityofhomestead.com						
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Jose K. Fuentes						
	b. Firm Name	Becker & Poliakoff PA						
	c. E-mail Address	jfuentes@beckerlawyers.com						
	d. Phone Number	(305)260-1018						