

LFIR # 1644

1. Project Title		Sunrise Senior, Veteran and Childrens Educational and Wellness Center										
2. 9	Senate Sponsor	Lauren Book										
3. I	Date of Request	11/15/2021										
4 . I	Project/Program Description											
l li	programs. It is plant in Sunrise and prog	ing funding to rehabilit ned to hold senior and rams for children in the ally in a safe, caring en	l veteran prograr e late afternoon	ns during the day to s and evening, which w	upport a currently ur ill allow participants	nder-served population						
		ceive requested fund		nent of Veterans' Affai								
	State Agency conta	•										
		recurring Request fo	or Eigeal Voor 2	022 2022								
			i Fiscai i eai zi	2022-2023								
	Type of Funding			Amo	_							
	Operations				0							
	Fixed Capital Outlay				300,000							
	Total State Funds	Requested			300,000	ı						
7. 1	Total Project Cost f	for Fiscal Year 2022-	2023 (including	matching funds ava	ilable for this proje	ect)						
Ŀ	Type of Funding			Amount	Percentage							
Ŀ	Total State Funds R	tequested (from quest	ion #6)	300,000	38%							
	Matching Funds											
	Federal			0	0%							
Ŀ	State (excluding the	amount of this reques	st)	0	0%							
	Local			500,000	62%							
	Other			0	0%							
	Total Project Cost	s for Fiscal Year 2022	2-2023	800,000	100%							
_	<u>-</u>	eviously received sta		No								
	Fiscal Year	Amount		Specific	Vetoed							
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #								
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_	I. C. d C			N.	,							
9. I	is tuture tunding ii	kely to be requested	?	No								
	a. If yes, indicate n	onrecurring amount	per year.									
	b. Describe the so	urce of funding that	can be used in	lieu of state funding								
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Į												
10.	. Has the entity req	uesting this project	received any fe	ederal assistance rela	ated to the COVID-	19 pandemic?						
	Yes		-			-						
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	If yes, indicate the	amount of funds red	ceived and wha	nt the funds were use	ed for.							



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Approximately \$4.2 million from the CARES Act for feeding programs, telecommuting and safety equipment, marketing, residential and business assistance programs, public safety payroll related to the pandemic, PPE, Cleaning and disinfection. Approximately \$1 million for CDBG COVID Funds for residential assistance programs.

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/Majo	r Renovation:							
Construction/Renovation/Land/ Planning Engineering	The City is requesting funding to allow for rehabilitation of retail space to create classrooms for City programs. Funds would be used for planning and design, engineering, and construction.	300,000						
Total State Funds Requested (must equal total from question #6)								

12. Program Performance

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

The City is requesting funding to renovate approximately 3,400 square feet of retail space for programs benefiting seniors, veterans, and children. These programs will improve emotional and physical wellness for residents of all ages and will also provide children with safe and educational after school activities.

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

The City plans to offer various programming which may include cultural programming. It is expected that more than 1,000 seniors, veterans, and after-school children would be served on an annual basis.

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

We expect to serve more than 1,000 seniors, veterans, and after-school children who live primarily in the City's original neighborhoods on an annual basis. These programs can serve to keep children off the street and engaged in structured programming.

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

The City is requesting funding to rehabilitate approximately 3,400 square feet of space to create classrooms for City programs. It is planned to hold senior and veteran programs during the day to support a currently under-served population in Sunrise and programs for children in the late afternoon and evening, which will allow participants to grow emotionally, physically, and socially in a safe, caring environment through classes and programs. The target population is Veterans, Senior Citizens, at risk youth, and students.

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



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The benefits of this programming include improved mental and physical wellness for our most vulnerable populations. The program will provide mental wellness, along with an educational component. Youth will be able to come to the center for activities and assistance instead of engaging in criminal activities. The City will track the number of program participants annually.

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?

The City should not be reimbursed with grant funds if the anticipated renovations are not completed. The City anticipates that it will serve 1,000 residents annually in this space, along with Veterans from throughout Broward County.

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 owns the facility.



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14.	Requestor Contact	Informat	ion						
	a. First Name	Mark		Lubelski					
	b. Organization	City of Sunrise							
	c. E-mail Address	mlubelski@sunrisefl.gov							
	d. Phone Number	(954)746-3430 Ext.							
15. Recipient Contact Information									
	a. Organization	City of Sunrise							
	b. Municipality and	l County	Broward						
	c. Organization Type								
	□For Profit Entity	<i>I</i>							
	□Non Profit 501(c	1(c)(3)							
	□Non Profit 501(c	1(c)(4)							
	☑Local Entity	ntity							
	□University or Co	□University or College							
	□Other (please specify)								
	d. First Name	Emilie		Last Name	Smith				
	e. E-mail Address	esmith@sunrisefl.gov							
	f. Phone Number								
16. Lobbyist Contact Information									
	a. Name	Ronald L. Book							
	b. Firm Name	Ronald L. Book PA							
	c. E-mail Address	ron@rlbookpa.com							
	d. Phone Number	(305)935-1866							