



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1791

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construction of a 10,000 square foot, center for after school care and Educational programs facility to provide programs for local at Risk children and low-income families.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,600,000
Total State Funds Requested	1,600,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,600,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,600,000	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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The ARAP funds have been used so far for the following:

Other Costs:

Financial Assistance Program for Residents and Businesses - \$376,786.54 (September 2021)

Labor Costs:

Police:-Distribution of food - \$81,340.80

Total costs: \$458,127.34

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	Project Management, Contract Administration and Construction Management	160,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design build new facilities	1,440,000
Total State Funds Requested (must equal total from question #6)		1,600,000

12. Program Performance

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

Construct new Center for After School Care and Educational Programs.

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

Facility to provide programs for local at risk children and low-income families.

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

New center will provide programs for local at risk children and low-income families.

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

Local at risk children and low income families.

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

The facility will provide a safe haven for students to benefit from educational programs under proper supervision. Program participation and attendance can be a measure.

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?



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The city is opened to any proposed penalties for failing to deliver or perform.

- 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 facility will be owned by the City of Hialeah Gardens.



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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