

LFIR # 1797

1. Project Title	City of Hialeah G	ardens - Senior Ce	nter Improvements &	Renovations	
2. Senate Sponsor	Manny Diaz				
3. Date of Request	12/16/2021				
4. Project/Program De	escription				
funding will cover the	e full costs of full res	toration. Reconstru	00 was granted in Fisucting the Senior Cenvincome elderly popu	ter will allow for the	0, and the additional continuation of services
5. State Agency to rec	eive requested fur	nds Departme	ent of Elder Affairs		
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Request	for Fiscal Year 20	22-2023		
Type of Funding	-		Amo	unt	
Operations				0	
Fixed Capital Outlay				500,000	
<b>Total State Funds F</b>	Requested			500,000	
7. Total Project Cost fo	or Fiscal Year 2022	2-2023 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from ques	stion #6)	500,000	100%	
Matching Funds			_1		
Federal		0	0	0%	
State (excluding the	amount of this requ	est)	0	0%	
Local			0	0%	
Other			0	0%	
<b>Total Project Costs</b>	for Fiscal Year 20	22-2023	500,000	100%	
8. Has this project pre	eviously received s	tate funding?	Yes		
Fiscal Year	Amo	unt	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2019-20	0	800,000	404b	No	
O la Catana Can Para Pl	-b-4- b	10	NI		
9. Is future funding lik	ely to be requeste	<b>a</b> ?	No		
a. If yes, indicate no	onrecurring amour	nt per year.			
b. Describe the sou	rce of funding tha	t can be used in li	eu of state funding.		
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10. Has the entity requ	uesting this projec	t received any fed	leral assistance rela	ted to the COVID-	19 pandemic?
Yes					



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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	50,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Design build new facilities	450,000
Total State Funds Requested (m	ust equal total from question #6)	500,000

### 12. Program Performance

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

Construct new facilities. Reconstructing the Senior Center will allow for the continuation of services provided within the municipal building; i.e. Hot meals for low income elderly population.

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

Construct new facilities. Reconstructing the Senior Center will allow for the continuation of services provided within the municipal building; i.e. Hot meals for low income elderly population.

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

Construct new facilities. Reconstructing the Senior Center will allow for the continuation of services provided within the municipal building; i.e. Hot meals for low income elderly population.

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

Low income seniors.

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

Reconstructing the Senior Center will allow for the continuation of services provided within the municipal building. The outcome can be measured by senior participation.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for	failin	g to	meet	delivera	bles o	r peri	formance	measures	provid	ed f	or the	contract?	,
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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.

The senior center is owned by the City of Hialeah Gardens



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14.	14. Requestor Contact Information										
	a. First Name	Yioset		Last Name	De La cruz, M	layor					
	b. Organization	City of Hialeah Gardens									
	c. E-mail Address	ydelacruz	ydelacruz@cityofhialeahgardens.com								
	d. Phone Number	(305)558	(305)558-4114 <b>Ext.</b>								
15.	15. Recipient Contact Information										
	a. Organization	City of Hi	aleah gardens								
	b. Municipality and	I County	Miami-Dade								
	c. Organization Type										
	□For Profit Entity	Profit Entity									
	□Non Profit 501(c	501(c)(3)									
	□Non Profit 501(c	fit 501(c)(4)									
	☑Local Entity	ity									
	□University or Co	llege									
	□Other (please sp	ecify)									
	d. First Name	Yioset		Last Name	De La Cruz						
	e. E-mail Address	ydelacruz@cityofhialeahgardens.com									
	f. Phone Number										
16.	16. Lobbyist Contact Information										
	a. Name	Eduardo S Gonzalez									
	b. Firm Name	Sun City Strategies, LLC									
	c. E-mail Address	egonzalez102@yahoo.com									
	d. Phone Number	(786)351-5849									