

LFIR # 2408

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•	onrecurring amount per year. urce of funding that can be us		ieu of state funding			
_	kely to be requested?		No			
Fiscal Year (yyyy-yy)	Amount Recurring Nonrecu	rring	Specific Appropriation #	Vetoed		
. , .	eviously received state fundir	ng?	No	Votosd		
	s for Fiscal Year 2022-2023		100,000	100%		
Other	e for Ficaal Voor 2022 2022		100,000	0% 100%		
Local			50,000	50%		
	amount of this request)		0	0%		
Federal			0	0%		
Matching Funds			, -1			
	Requested (from question #6)		50,000	50%		
7. Total Project Cost f	for Fiscal Year 2022-2023 (incl	luding	matching funds avail	Percentage	ct)	
Total State Funds	Requested		50,000			
Fixed Capital Outlay				0		
Operations				50,000		
Type of Funding			Amou	unt		
State Agency conta 5. Amount of the Non	recurring Request for Fiscal Y	rear 20	22-2023			
•		epartm	ent of State			
Center will be a stat Miami-Dade commu databases, and DVI	re-of-the-art health, nutrition, executive. The funded resource collections in English and Spanish) for the	ercise, a ction wi he com	and disease prevention ill provide needed infor munity on health-relate	n resource for the W mation (digital/phys	Vestchester and greate	
4. Project/Program De Constructed and or	escription perated by the Miami-Dade Publ	lic Libra	arv System, the Westcl	nester Health and V	Vellness Information	
3. Date of Request	01/14/2022					
2. Senate Sponsor	Ana Maria Rodriguez					
	Dade					



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

\$2,573,254,804.94 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers, and also direct distributions to Miami-Dade municipalities. A number of these are reimbursements and have not yet been received and others are not yet fully distributed.

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	The requested funds will be used for the purchase of resource materials for the Westchester Health and Wellness Center. These include both physical and digital collections (books, serials, databases, DVDs) in English and Spanish.	50,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	•
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	50,000

12. Program Performance

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

The funds will be used to purchase materials/resources for the Westchester Health and Wellness Information Center with the goal of providing medical and information to residents with the goal to improve the health of the community.

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

Medical and health-related materials (books, journals, databases, DVDs) will be purchased and subscribed to.

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

Access to medical and health-related materials from reputable organizations and sources.

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

The general population of Miami-Dade County, 2.7 million individuals as well as visitors can access materials in person and virtually.

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

Expected users will find information of interest to help improve their health. The number of resources that are accessed will be measured.

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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Restriction of future funding for the project. There is a high degree of certainty that the deliverables will be met for this project.

relationship between the owners of the facility and the entity.				
N/A				

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the



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14.	Requestor Contact	Informat	ion						
	a. First Name	Sen. Javi	er	Last Name	Souto				
	b. Organization	Miami-Dade County							
	c. E-mail Address	district10@miamidade.gov							
	d. Phone Number	(305)375	-4835	Ext.					
15.	Recipient Contact	Informatio	on						
	a. Organization	Miami-Da	de County						
	b. Municipality and	I County	Miami-Dade						
	c. Organization Type								
	□For Profit Entity								
	□Non Profit 501(c)(3)								
	□Non Profit 501(c	□Non Profit 501(c)(4)							
	☑Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Aldo		Last Name	Gonzalez				
	e. E-mail Address	nail Address aldo.gonzalez@miamidade.gov							
	f. Phone Number								
16.	16. Lobbyist Contact Information								
	a. Name	Jess M. McCarty							
	b. Firm Name								
	c. E-mail Address	jmm2@miamidade.gov							
	d. Phone Number								