

LFIR # 2409

b. Describe the so	urce of funding th	at can be used in I	ieu of state funding.		
9. Is future funding li a. If yes, indicate n	-		No		
Fiscal Year (yyyy-yy)	Ame Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
8. Has this project pr	eviously received	state funding?	No		
Total Project Costs	s for Fiscal Year 2	022-2023	760,000	100%	
Other			0	0%	
Local	Local			50%	
State (excluding the	amount of this req	uest)	0	0%	
Federal			0	0%	
Matching Funds	, ((333,330	23,0	
Type of Funding Total State Funds R	equested (from que	estion #6)	Amount 380,000	Percentage 50%	
•	or Fiscal Year 202	22-2023 (including	matching funds avail	. ,	ect)
Total State Funds	Requested			380,000	
Fixed Capital Outlay	/			280,000	
Operations				100,000	
Type of Funding			Amou	ınt	
State Agency conta		for Fiscal Year 20	022-2023		
5. State Agency to re	ceive requested fu	ınds Departm	ent of State		
Tropical Park. The f theatrical lighting an	unds are necessary d black box house	/ to purchase esser perimeter track and	cility in west Miami-Dac ntial theatrical equipme I curtains. Funds also we ford this and to launch	nt and furnishings, vill be used to provi	
4. Project/Program D	.				
3. Date of Request	01/14/2022				
2. Senate Sponsor	Ana Maria Rodri	guez			



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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	Student scholarships.	30,000		
Consultants/Contracted Services/Study	Music and dance performances.	70,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	LED theatrical lighting (ETC Source 4 LED Series, ETC Selador D60 Vivid 12, 12 LED Bars, 2 follow spot -Reference TR-101): \$80,000 Black box house perimeter track and curtains (H&H 500 Series track - Reference TR-103): \$200,000	280,000		
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?

Two important goals will be achieved with the requested funds:

- 1. Children from low-income families will have the opportunity to participate in arts education and skills training with the assistance of scholarships.
- 2. The center will be more accessible and cost less for nonprofit organizations to use as a result of not having to rent lighting and theatrical curtains for performances.

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

A scholarship program will be launched using state funds to eliminate the costs to children from low-income families. The rental rate structure for nonprofit organizations to use the center will reflect the more affordable and reduced costs attributable to the in-house lighting and theater equipment purchased and owned by the center.

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

Affordable and accessible arts classes and training will be available to families that would not otherwise be able to pay for these opportunities. Ticket prices to music, theater, dance, and community events will be even more affordable due to the reduced costs for presenting performances and activities at the fully equipped center.

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

The Westchester Cultural Arts Center is the only arts facility in the western area of Miami-Dade County. While it will serve the immediate population of the Westchester area, its outstanding programs will attract attendance by residents throughout Miami-Dade County and visitors to the community. It is anticipated that annual attendance will be approximately 15,000 people.



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

The Westchester Cultural Arts Center will be able to serve all people regardless of their means and offer performing arts programs equitably to the public. The center will assess the outcome by attendance figures, visitor surveys, and comparative analysis of fees and prices with other venues of its size.

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 Miami-Dade County Department of Cultural Affairs has a flawless track record for meeting its performance measures and for fulfilling the objectives required for local, state, and federal funding support. Standard contract penalties are sufficient.

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.

Miami-Dade County.



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14.	14. Requestor Contact Information								
	a. First Name	Marialau	ra	Last Name	Leslie				
	b. Organization	Miami-Dade County Department of Cultural Affairs							
	c. E-mail Address	ML8@miamidade.gov							
	d. Phone Number	(305)375-5042 Ext.							
15. Recipient Contact Information									
	a. Organization	Miami-Dade County							
	b. Municipality and	d County	Miami-Dade						
	c. Organization Type								
	□For Profit Entity								
	□Non Profit 501(d	(c)(3)							
	□Non Profit 501(d	c)(4)							
	☑Local Entity								
	□University or Co	□University or College							
	□Other (please specify)								
	d. First Name	Carolina		Last Name	Alfonso				
	e. E-mail Address	CARANA@miamidade.gov							
	f. Phone Number								
16. Lobbyist Contact Information									
	a. Name	Jess M. McCarty							
	b. Firm Name								
	c. E-mail Address	jmm2@miamidade.gov							
	d. Phone Number	(305)979-7110							