

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1551

| 1. Project Title | Weatherization Assistance Program - Environmental Resilience Expansion (Miami-Dade County) | | | | | | |
|--|--|---|--|------------------------------------|--|--|--|
| 2. Senate Sponsor | Shevrin Jones | | | | | | |
| 3. Date of Request | 11/30/2023 | | | | | | |
| 4. Project/Program De | escription | | | | | | |
| services to qualifying as to lessen incurred homeowner, much t | Assistant Program is Miami-Dade (g low-income clients. Services aim t d energy costs by the homeowner(s o their and the local economy's ben- hile providing environmental benefit | to increase the efficiency) and increase the dispose efit. This expansion of W | of cooling or heating able or fixed income | g qualifying homes so e(s) of said | | | |
| 5. State Agency to re | ceive requested funds Depart | rtment of Commerce | | | | | |
| State Agency conta | acted? Yes | | | | | | |
| 6. Amount of the Non | recurring Request for Fiscal Year | 2024-2025 | | | | | |
| Type of Funding | | Amor | Amount | | | | |
| Operations | | | 250,000 | | | | |
| Fixed Capital Outlay | | | 0 | | | | |
| Total State Funds | Requested | | 250,000 | | | | |
| 7. Total Project Cost f | or Fiscal Year 2024-2025 (includi | ng matching funds avai | lable for this proje | ct) | | | |
| Type of Funding | | Amount | Percentage | | | | |
| | equested (from question #6) | 250,000 | 50% | | | | |
| Matching Funds | | | 201 | | | | |
| Federal | | 0 | 0% | | | | |
| | amount of this request) | 0 | 0% | | | | |
| Local Other | | 250,000 | 50% 0% | | | | |
| | s for Fiscal Year 2024-2025 | 500,000 | 100% | | | | |
| Total Floject Costs | 5 101 1 15Ca1 1 Ca1 2024-2023 | 300,000 | 100 /6 | | | | |
| 8. Has this project pro | eviously received state funding? | No | | | | | |
| Fiscal Year | Amount | Specific 4 | Vetoed | | | | |
| (уууу-уу) | Recurring Nonrecurring | g Appropriation # | | | | | |
| | | | | | | | |
| 9. Is future funding lil | 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 i | in lieu of state funding. | | | | | |
| | | | | | | | |
| 10. Has the entity req | uesting this project received any | federal assistance rela | ted to the COVID-1 | 9 pandemic? | | | |
| Yes | | | | | | | |



11. Status of Construction

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

Miami-Dade County received \$2,608,188,975.73 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; county services and also direct distributions to Miami-Dade municipalities.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| á | a. What is the cui | rrent phase of t | he project? | | | | |
|-----|---------------------|------------------|--|-------|-----------------|-------------------|-----------|
| | Planning | O Design | Construction | ∙ N/A | | | |
| ı | b. Is the project " | shovel ready" (| i.e permitted)? | | | | |
| (| c. What is the est | imated start da | te of construction? | | | | |
| (| d. What is the est | timated complet | tion date of constru | ion? | | | |
| 12. | | | o receive, directly or rs of the facility and | | ixed capital οι | ıtlay funding. In | clude the |
| | | | | | | | |

13. 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 | Funding would be used to continue contracting and utilizing existing County vendors or service providers, or new vendors and providers as applicable, inclusive of locally-owned small businesses, for the provision of the WAP environmental resilience expansion measures which include the installation of solar panels, performing septic-to-sewer conversions, and providing related or existing weatherization assistance to qualified households. | 250,000 | | |
| Fixed Capital Construction/Majo | r Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Total State Funds Requested (must equal total from question #6) | | | | |

14. Program Performance

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



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WAP is the County's flagship program for providing home weatherization services to qualifying low-income clients. Services aim to increase the efficiency of cooling or heating qualifying homes so as to lessen incurred energy costs by the homeowner(s) and increase the disposable or fixed income(s) of said homeowner, much to their and the local economy's benefit. This expansion of WAP would seek to further lower costs for said homeowners while providing environmental benefits for the community.

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

The requested funding will allow the Community Action and Human Services Department to expand the range for clients, allowing for the maximization of existing program services to be rendered. Additionally, and perhaps more significantly, the funding provides a level of flexibility that will assist in addressing emergency repairs to low-income and elderly residents at their time of need.

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

Measures of painting or landscaping, such as tree planting to increase canopy coverage of a property and surrounding area, and the installation of solar paneling and/or central air conditioning, and performing or facilitating septic-to-sewer conversions. This new program will have a large-positive impact on the recipients and provide direct and indirect environmental benefits.

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

Low-income and other qualifying residents, inclusive of certain senior homeowners with fixed incomes or disabilities, who own their home in Miami-Dade County. Approximately 25 to 50 homeowners are expected to be served through this funding request.

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

WAP is successful in reducing the energy consumption in a home by cutting down on the amount of energy needed for heating and cooling the house, thereby making it more affordable and efficient for the homeowner. The savings from the reduced costs can then be applied towards essential matters like medication, groceries, and mortgage payments.

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?

A failure on the part of the receiving entity in meeting or providing deliverables or with overall non-performance will result in non-payment or a full return of the requested monies.

| t Informati | ion | | | | | |
|--|---|--|---|--|--|--|
| Sonia | | Last Name | Grice | | | |
| Miami-Dade County Community Action and Human Services Department | | | | | | |
| sonia.grid | sonia.grice@miamidade.gov | | | | | |
| (786)469 | -4759 | Ext. | | | | |
| 16. Recipient Contact Information | | | | | | |
| a. Organization Miami-Dade County | | | | | | |
| b. Municipality and County Miami-Dade | | | | | | |
| pe | | | | | | |
| | | | | | | |
| c)(3) | | | | | | |
| | Sonia Miami-Da Departme sonia.gric (786)469 Informatic Miami-Da d County pe | Miami-Dade County Comr Department sonia.grice@miamidade.g (786)469-4759 Information Miami-Dade County d County Miami-Dade | Miami-Dade County Community Action Department sonia.grice@miamidade.gov (786)469-4759 Ext. Information Miami-Dade County d County Miami-Dade | | | |



17.

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| □Non Profit 501(c | c)(4) | | | | | | |
|------------------------------|---------------------------|-----------|-------|--|--|--|--|
| ☑Local Entity | | | | | | | |
| □University or Co | □University or College | | | | | | |
| □Other (please specify) | | | | | | | |
| d. First Name | Sonia | Last Name | Grice | | | | |
| e. E-mail Address | sonia.grice@miamidade.gov | | | | | | |
| f. Phone Number | (786)469-4759 | | | | | | |
| Lobbyist Contact Information | | | | | | | |
| a. Name | Jess M. McCarty | | | | | | |
| b. Firm Name | | | | | | | |
| c. E-mail Address | jmm2@miamidade.gov | | | | | | |
| d Phone Number | (305)979-7110 | | | | | | |