

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mount Sinai Regional Emergency Preparedness Infrastructure

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Daniel Perez

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		1,500,000	1,500,000		5,000,000	5,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The DOH agency contracts contains a land use restrictions with a lien that fully secures the amount of the appropriation for completion of the project and for operating terms to be communicated for at least five years past the receipt of funds and close out of the agency funding.

6. Requester:

- a. Name: Steve Sonenreich
- b. Organization: Mount Sinai Medical Center of Florida, Inc.
- c. Email: Steven.Sonenreich@msmc.com
- d. Phone #: (305)687-2223

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Stacy Kilroy
- b. Organization: Mount Sinai Medical Center of Florida, Inc.
- c. Email: skilroy@msmc.com
- d. Phone #: (305)674-2209

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Greg Turbeville
- b. Firm: Ballard Partners
- c. Email: greg@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Mount Sinai Medical Center of Florida, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College

☐ Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The project site contains submerged land granted and filled for Mount Sinai by the State in the 1960s. The project will elevate this same land to mitigate current storm surge, seawater intrusion, and flooding and protect the critical care functions. This project fulfills a statewide need to protect the residents and visitors of Florida and the image of Florida's tourist economy. The State works with the Department of Homeland Security to maintain the ability to provide essential health servi

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Resilience structural land reconstruction, stabilization, elevation and flooding mitigation of former State submerged land and adjacent area granted by the Governor's	5,000,000

	Cabinet as Trustees of the Internal Improvement Fund	
TOTAL		5,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☒ Non Profit 501(c) (4)
- ☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ☐ Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The project continues work supported publically by the city of Miami Beach and the State of Florida to mitigate flooding and promote regional preparedness

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Planning, A/E, soil tests and engineering analysis have been done. The area does not meet the new FEMA floodplain

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Protect emergency healthcare operations for one of the largest groups of senior/ ICU hospital patients during a disaster.	Measure and report on number of ICU senior patients in the facility during declared disasters and evacuation of city events.
<input checked="" type="checkbox"/> Improve mental health	Protect emergency healthcare operations for one of the largest groups of behavioral health / acute care psychiatric hospital patients during a disaster.	Measure and report on number of safe psychiatric patients in the facility during declared disasters and evacuation of city events.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Mount Sinai Medical Center is the only hospital and emergency services provider on Miami Beach, an island that is the second most visited tourist destination in Florida. During a disaster, Mount Sinai serves as a Regional Critical Care facility, an Emergency Operations Center (EOC), and a Medical Management Facility (MMF) for oxygen and electric dependent. Mount Sinai's inlet location provides land, air, and sea entrances to Miami Beach for first responders.	Annual report on EOC and MMF activities.

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Retention of tourism by promoting showing disaster measures that communicate the area is safe and protected for tourism.	Number of hits on press releases for funding and project completing to
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input checked="" type="checkbox"/> Improve stormwater management	Number of Flood events	Before and After
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	5,000,000	39.4%	N/A

2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	7,700,000	60.6%	Yes
TOTAL	12,700,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No