Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Key Biscayne Community Center Generator

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Nicholas Duran

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No 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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:	Α	В	С	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:					100,000	100,000

- 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? Executive Office of the Governor
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 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.

Penalties for failing to meet deliverables would be key Biscayne residents would not have a place to gather after a storm where they could receive.

- 6. Requester:
 - a. Name: John Gilbert
 - b. Organization: <u>Village of Key Bsicayne</u> c. Email: <u>jgilbert@keybiscayne.fl.gov</u>
 - d. Phone #: (305)365-5514
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: Todd Hofferbath
 - b. Organization: <u>Village of Key Biscayne</u> c. Email: thofferberth@keybiscayne.fl.gov
 - d. Phone #: (305)365-8900
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: Fausto Gomez
 - b. Firm: <u>Gomez Barker Associates, Inc.</u>c. Email: fgomez@gomezbarker.com
 - d. Phone #: (305)860-0280
- 9. Organization or Name of entity receiving funds:
 - a. Name: Village of Key Biscayne
 - 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)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government
 - O University or College

0	Other	(Please	describe
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11. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose of requesting these funds is to install a permanent generator at the Key Biscayne Community Center. The generator will provide power to the building during a storm if power is lost.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Funding will pay for the permanent generator and installation of equipment.	100,000
TOTAL		100,000

 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) OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.) OOther (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? No
16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
17. Will the requested funds be used directly for services to citizens? Yes
17a. What are the activities and services that will be provided to meet the purpose of the funds? The generator will power the building to the community center which during the time of an emergency such as a storm can provide a refuge for residents that may not have power. The community center would be able to serve as a place to receive emergency aid assistanc information.
17b. Describe the direct services to be provided to the citizens by the funding requested. By having the building operational after a storm, the village can provide temporary emergency services to all residents of Key Biscayne.
17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population: ☑Elderly persons
□Persons with poor mental health
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□Persons with poor physical health
□Jobless persons
☐ Economically disadvantaged persons
□At-risk youth
□Homeless
□Developmentally disabled
□Physically disabled
□Drug users (in health services)
□Preschool students
☑Grade school students
☑High school students
☑University/college students
□Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
☑General (The majority of the funds will benefit no specific group)
□Other (Please describe)
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
© >800

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
□Improve physical health		
☑Improve mental health	Key Biscayne residents and staff will have place to visit after a storm where they can take their minds off of	The Village will measure how many people are attending the community

	the emergency. power us necessary	center after a storm.
	for residents to use the building.	
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
☑Divert from Criminal/Juvenile justice system	By having the community center open after a storm it provides a place for teenagers to be instead of roaming the streets. There is a less of a chance that teenager will get in trouble is he has an activity to	The method for measuring the level of outcome is by collecting information on how many incidents with teenagers after a storm.
□Improve wastewater management		
□Improve stormwater management		

□Improve groundwater quality	
□Improve drinking water quality	
□Improve surface water quality	
□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?
Amount Requested from the State in this Appropriations Project Request:	100,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	100,000	50.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	200,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$