

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Camp Matecumbe Historic Chapel Restoration
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jeanette Nunez
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? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		275,000	275,000		275,000	275,000

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 State
 - 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.
Grant reimbursements could potentially be reduced or eliminated.

6. Requester:

- a. Name: Maria Nardi
- b. Organization: Miami-Dade Parks Foundation
- c. Email: maria.nardi@miamidade.gov
- d. Phone #: (305)755-7903

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

- a. Name: Mattie Reyes
- b. Organization: Miami-Dade Parks Foundation
- c. Email: matilde.reyes@miamidade.gov
- d. Phone #: (305)755-7912

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

- a. Name: Richard Pinsky
- b. Firm: Akerman
- c. Email: Richard.Pinsky@akerman.com
- d. Phone #: (516)386-1992

9. Organization or Name of entity receiving funds:

- a. Name: Miami-Dade Parks Foundation
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 funds will be used to renovate the historic chapel at Camp Matecumbe and match GOB construction funds. The chapel will be used to house a permanent Pedro Pan exhibit. Operation Pedro Pan was a program that enabled Cuban parents to send their children to the United States unaccompanied between 1960 and 1962 to escape the communist regime that had taken control in Cuba and thus prevent their force indoctrination by means of educational and work and military training programs for minors.

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	The \$272,500 is for a match from the General Obligation Bond Program. The original Chapel that is a site structure, the building is reconstructed within the planned future upgrades due to its historical	275,000

	value and significance to the former owners of the property and community that supports the park. In addition to this work, the funding can be used to provide for park entrance improvements that lead to the Chapel such as parking lots, walkways, landscaping, and lighting	
TOTAL		275,000

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:

Advertised community meeting held 4/10/07. Kendall Breeze Homeowners Association meeting held 1/24/07. Advertised public workshop held 5/17/06. Operation Pedro Pan Group, Inc., Board meeting interview held 9/22/06

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?

This is a tourist destination, so it will serve many people.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Programming activities are planned for the renovated historic chapel. Interpretive exhibits inside the chapel pertaining to the history of the park and Operation Pedro Pan are also planned.

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
- 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): Tourists come all over to see the Pedro Pan Program's rich cultural & historical significance

17d. How many in the target population are expected to be served?

< 25

- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	Increased activity of residents living within 2/3 of a mile	Health Impact Assessment
<input checked="" type="checkbox"/> Improve mental health	Improved satisfaction with quality of life	Health Impact Assessment
<input checked="" type="checkbox"/> Enrich cultural experience	Events and curriculum regarding the Boystown pineland and Operation Pedro Pan history	Attendance and improved grades of students in impacted schools
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educational curriculum for impacted schools	Improved grades of students at participating schools
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Restored pinedlands	Transect studies with the Environmentally Endangered Lands (EEL) program
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input checked="" type="checkbox"/> Increase tourism	Visitors / tourists to trail and destination parks	Event registrations from tourists and data from PROS Eco Adventures program
<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 type="checkbox"/> Improve stormwater management		
<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:	275,000	5.8%	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:	4,500,000	94.2%	No
5. Other:	0	0.0%	No
TOTAL	4,775,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M