

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate **Local Funding Initiative Request Fiscal Year 2023-2024**

LFIR # 1419

1. Project Title	The Underline Multi Use/	Multimodal Corridor Miami-Dad	е	
2. Senate Sponsor	Alexis Calatayud			
3. Date of Request	02/07/2023			
4. Project/Program De	escription			
way from the Miami of the Miami-Dade C safe, fully functional the existing bicycle/precreational facilities vastly improve the safe	River North of the Brickell Modern Parks and Open Spaurban trail and multi-purpospedestrian pathway, the add amenities, and recreation afety, aesthetics, comfort levaled.	I programming for, the 10-mile of letrorail Station to the Dadeland ces System Master Plan and we recreational space. The proposition of native landscaping, hard related concessions. The improvel, attractiveness and public us vity between the surrounding contents.	d South Metrorail Sta ill serve to serve to trosed improvements i dscaping, lighting, sig evements and amenit se of the area, provid	ation. This project is part ransform this area into a include enhancement o gnage, drainage, ties are designed to de enhanced integration
5. State Agency to red	ceive requested funds	Department of Transportation	<u> </u>	
State Agency conta	cted? Yes			
6. Amount of the Nonr	ecurring Request for Fisc	al Year 2023-2024		
Type of Funding		Amo	ount	

2,500,000

2,500,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	2,500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	5,000,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
22 22	0	2 000 000	2104	No	

(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	0	3,000,000	2104	No

9. Is future funding likely to be requested?

No

Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The project is receiving Road Impact Fees for the transportation component. In addition, municipal funding can be used is being used for non transportation components; however, this funding is not sufficient and hence our request.



Yes

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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

\$1,419,320,111.50 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and

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2,500,000

day care certiers, county services	and also direct distributions to	o Miami-Dade municipal	ities.	
Complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Proje	ects	
11. Status of Construction				
a. What is the current phase of t	he project?			
○ Planning	Construction			
b. Is the project "shovel ready"	(i.e permitted)?	No		
c. What is the estimated start da	te of construction?	11/2023		
d. What is the estimated comple	tion date of construction?	12/31/25		
The owner of the facility is local				
13. Details on how the requested s	tate funds will be expended			
13. Details on how the requested si	tate funds will be expended	Description		Amount
Spending Category Administrative Costs:	tate funds will be expended	Description		Amount
Spending Category	tate funds will be expended	Description		Amount
Administrative Costs: Executive Director/Project Head	tate funds will be expended	Description		
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	tate funds will be expended	Description		
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/	tate funds will be expended	Description		C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study	tate funds will be expended	Description		C C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted	tate funds will be expended	Description		C C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	tate funds will be expended	Description		C C
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Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted		Description		C C C

Total State Funds Requested (must equal total from question #6)

14. Program Performance



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

The goals are to encourage residents, students, and visitors to walk, bike and take transit to alleviate traffic congestion, and improve accessibility and safety. This funding will support the construction and installation of non-transportation eligible components such as pavement and column signage, site furniture including but no limited to benches, drinking fountains, bike repair stations and amenities.

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

Construction

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

Accessibility and connectivity to a world-class urban trail and public transportation with safe, off-road, separated pedestrian and bicycle paths, that includes lighting and signage within a 10-mile multi-modal corridor.

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

The funds requested are for direct services to citizens, residents and visitors including but no limited to the elderly, preschool, grade school, high-school and university/college students. The numbers of individuals to be served is greater than 250.000.

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

Improved physical health (increase physical activity), improve mental Health (satisfaction with quality of life), enrich cultural experience (events and curriculum drawing residents to The Underline), education (education curriculum for 24 impacted schools), enhance the environment (lower CO2 levels), protect the general public from harm (improved pedestrian and bicycle safety), improve transportation conditions (reduce congestion on U.S.1-projected at 3.5%), increase economic activity (increased property values projected at 5% to 25%), increase tourism, create job opportunities (projected over 1,000 new jobs). Outcomes will be measured by evaluation of attendance, Health Impact Assessment, measurement of property values change, reduction in pedestrian and bicyclist conflicts and increase in transit ridership.

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?

Miami-Dade County has several standard strategies designed to mitigate lack of performance and deliverables. One of these strategies is liquidated damages which is being used for the construction of Phase 1 (from the Miami River to SW 13th Street).

15. Requester Contact	t Informati	ion			
a. First Name	Eulois		Last Name	Cleckley	
b. Organization	Miami-Dade County Department of Transportation and Pblic Works				
c. E-mail Address	eulois.cleckley@miamidade.gov				
d. Phone Number	(786)469	-5406	Ext.		
16. Recipient Contact	Information	on			
a. Organization	Departme Works	ent of Transporta	tion and Pub	lic	
b. Municipality and	d County	Miami-Dade			
c. Organization Ty	ре				
□For Profit Entity					



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LINON Profit 501(0	;)(3)			
□Non Profit 501(c	2)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Irene	Last Name	Hegedus	
e. E-mail Address	irene.hegedus@miamida	de.gov		
f. Phone Number	(786)469-5395			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				