1. **Title of Project:** LUDLAM TRAIL CORRIDOR ACQUISITION

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**
   These funds will be used for the acquisition of the Ludlam Trail Corridor.

5. **State Agency Contacted?** No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Transportation

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000,000</td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,000,000

9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? Yes
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
   c. What is the most recent fiscal year the project was funded? 2016-17
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
   e. Complete the following Worksheet.
The Florida Senate  
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?

   Yes

   a. If yes, indicate non-recurring amount per year.

       $5,000,000

11. Program Performance:

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

       Acquisition of 6.2 mile long corridor in heart of Miami-Dade County.

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

       Acquisition of 6.2 mile long corridor in heart of Miami-Dade County.

   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

The Florida Senate

Expense/Equipment/Travel/Supplies/Other

Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation

☒Construction/Renovation/Land/Planning

Engineering

Corridor acquisition. 5,000,000

TOTAL 5,000,000

d. What are the direct services to be provided to citizens by the appropriations project?
   Acquisition of right-of-way

e. Who is the target population served by this project? How many individuals are expected to be served?
   The Ludlam Trail will provide a safe route to school for more than 3,700 students via its 6.2 mile paved path; promote meaningful alternatives of transportation like walking or biking to as many as 52,000 residents within two miles of the corridor; and increase public safety to more than 32,000 people in a 1/2 mile walkable service area. The trail connects to five greenways, four parks, and two transit hubs.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   The Ludlam Trail will provide a safe route to school for more than 3,700 students via its 6.2 mile paved path; promote meaningful alternatives of transportation like walking or biking to as many as 52,000 residents within two miles of the corridor; and increase public safety to more than 32,000 people in a 1/2 mile walkable service area. The trail connects to five greenways, four parks, and two transit hubs.

g. 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 in the contract?
   Withholding of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
   Miami-Dade County

13. Requestor Contact Information:
   a. Name: Maria Nardi
   b. Organization: Miami-Dade County Parks, Recreation and Open Spaces Department
   c. Email: Maria.Nardi@miamidade.gov
   d. Phone Number: (305)755-7903

14. Recipient Contact Information:
   a. Organization: Miami-Dade County Parks, Recreation and Open Spaces Department
b. **County:** Miami-Dade  

c. **Organization Type:**  
   - For Profit  
   - Non Profit 501(c) (3)  
   - Non Profit 501(c) (4)  
   - Local Entity  
   - University or College  
   - Other (Please specify) Local Government  

d. **Contact Name:** Maria Nardi  
e. **E-mail Address:** Maria.Nardi@miamidade.gov  
f. **Phone Number:** (305)755-7903  

15. If there is a registered lobbyist, fill out the lobbyist information below.  
   a. **Name:** None  
   b. **Firm:** None  
   c. **Email:**  
   d. **Phone Number:**