

LFIR # 2662

1. Project Title	Doral Pedestrian B	Bridge Safety Proj	ect				
2. Senate Sponsor	Bryan Avila						
3. Date of Request	03/06/2023						
4. Project/Program D	escription						
between the Turnpil	estrian bridge will spar ke Trail shared-used p oral. The pedestrian br	ath north and so	uth of NW 41 St/Dora	I Blvd which is a he	visitors a needed link avily traveled arterial cyclist.		
5. State Agency to re	ceive requested fund	ds Departm	ent of Transportation				
State Agency conta	acted? Yes	•					
6. Amount of the Non	recurring Request fo	or Fiscal Year 20	23-2024				
Type of Funding			Amo	unt			
Operations				0			
Fixed Capital Outlay	1			750,000			
Total State Funds	Requested			750,000			
Type of Funding Total State Funds Requested (from question #6)			Amount 750,000	Percentage 9%			
Total State Funds R	equested (from quest	ion #6)	750,000	9%			
Matching Funds							
Federal			0	0%	1		
,	amount of this reques	st)	1,000,000	12%			
Local			2,000,000	24%			
Other			4,500,000	55%			
Total Project Costs	s for Fiscal Year 2023	3-2024	8,250,000	100%			
3. Has this project pr	eviously received sta	ate funding?	No				
Fiscal Year (уууу-уу)	Amou Recurring	nt Nonrecurring	Specific Appropriation #	Vetoed			
9. Is future funding li	kely to be requested	?	No		_		
a. If yes, indicate n	onrecurring amount	per year.					
h Describe the so	urce of funding that	can he used in li	ieu of state funding				
b. Describe the sec	aroc or rananing that	oan be asea iii i	ed of state fariding.]		
]		
10. Has the entity req	uesting this project	received any fed	deral assistance rela	ted to the COVID-	19 pandemic?		
No							
If yes indicate the	amount of funds rea	reived and what	the funds were use	d for			



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Complete questions 11 and 12 for Fixed Capi	tal Outlay Projects
11. Status of Construction a. What is the current phase of the project?	
○Planning	
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	January 2024
d. What is the estimated completion date of construction?	January 2025
12. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti	

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The City of Doral.			

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The pedestrian bridge will provide connectivity for the existing shared-used path that runs along NW 117 Ave in the north-south direction at Doral Boulevard. Additionally, the pedestrian bridge will provide pedestrian safety when needing to cross Doral Boulevard.	750,000
Total State Funds Requested (m	ust equal total from question #6)	750,000

14. Program Performance

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

The purpose of these funds are for the construction of the pedestrian bridge to cross Doral Boulevard for connectivity of the shared-used path.

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



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	the existing shared used path and improve the safety of pedestrians.				ıtrı			
	c. What direct services will be provided to citizens by the appropriation project?							
	Pedestrian safety and improvement in traffic conditions.							
	d. Who is the target population served by this project? How many individuals are expected to be served?							
	The residents in the City of Doral. (81,000)							
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcombe measured?					will		
	Pedestrian safety and improvement in traffic conditions.							
		•					n addition to its standard pen	altie
	for failing to meet	deliverab	les or performa	nce measur	es provided f	or the contr	act?	
	Liquidated damag	es will be i	ncluded in the co	ontract docur	nents. Liquidat	ted damages	s will be based on construction	cost.
15.	Requester Contact	t Informati	on					
	a. First Name	Barbara		Last Name	Hernandez			
	b. Organization	City of Do	oral					
c. E-mail Address Barbie.Hernandez@cityofdoral.com								
	d. Phone Number	(305)593	-6725	Ext.				
16.	Recipient Contact	Information	on					
	a. Organization	City of Do	oral					
	b. Municipality and	d County	Miami-Dade					
	c. Organization Ty	pe						
	□For Profit Entity							
	□Non Profit 501(d	c)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity							
	□University or Co	llege						
	□Other (please sp	pecify)						
	d. First Name	Julio		Last Name	Amoedo			
	e. E-mail Address	julio.amo	edo@cityofdoral	.com				
	f. Phone Number	(305)593	-6740					
17.	Lobbyist Contact I	nformatio	n					
	a. Name	Heather	L. Turnbull					



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b. Firm Name	Rubin, Turnbull & Associates
c. E-mail Address	heather@rubinturnbull.com
d. Phone Number	(305)495-3868