1. **Title of Project:** Biscayne Park Street/Infrastructure Improvements

2. **Senate Sponsor:** Jason Pizzo

3. **Date of Submission:** 01/16/2019

4. **Project/Program Description:**
   Numerous streets in the Village are deteriorated due to poor drainage causing the road base to fail. The result of this is cracked pavement, pot holes, and crumbling pavement. Our goal is to repair/repave and improve drainage both on streets and in swales for the safety of our residents, including pedestrians, cyclists, and vehicular traffic.

5. **State Agency to receive requested funds:** Department of Transportation

   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>915,000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>915,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>915,000</td>
<td>73.8%</td>
</tr>
<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>325,000</td>
<td>26.2%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total Project Costs for Fiscal Year 2019-2020</td>
<td>1,240,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>915,000</td>
<td>Line 1906A</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

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11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      Repairs of streets, improving both vehicular and pedestrian safety.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Repaving of streets.
   c. What are the direct services to be provided to citizens by the appropriations project?
      Repairs of streets, improving both vehicular and pedestrian safety.
   d. Who is the target population served by this project? How many individuals are expected to be served?
      All 3,200 residents of the Village of Biscayne Park plus others who travel on roadways in the Village.
   e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
      Reduction of instances of road base failure throughout the Village due to standing water compromising the structure of the streets.
   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 in the contract?
      Forego the unused balance 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.
    Village of Biscayne Park

13. Requestor Contact Information:
   a. Name: Krishan Manners
   b. Organization: Village of Biscayne Park
   c. E-mail Address: villagemanager@biscayneparkfl.gov
   d. Phone Number: (305)899-8000
14. **Recipient Contact Information:**
   a. **Organization:** Village of Biscayne Park
   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) Municipality
   d. **Contact Name:** Krishan Manners
   e. **E-mail Address:** villagemanager@biscayneparkfl.gov
   f. **Phone Number:** (305)899-8000

15. **Lobbyist Contact Information**
   a. **Name:** David Caserta
   b. **Firm Name:** David Caserta Government Relations
   c. **E-mail Address:** flagovernment@aol.com
   d. **Phone Number:** (305)463-8808