

LFIR # 1351

| 2. Senate Sponsor Ileana Garcia 3. Date of Request 10/11/2021 4. Project/Program Description This project will enhance roadway conditions in the Kinloch area. The scope of the project includes, but is not limited roadway reconstruction at various segments, including NW 3rd Street from NW 47th to 48th Avenue. The project will a include sidewalks and drainage improvements. 5. State Agency to receive requested funds State Agency contacted? No 5. Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding Amount Operations 0 Fixed Capital Outlay 2,269,619 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) Type of Funding Amount Percentage Total State Funds Requested (from question #6) 2,269,619 82% Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0 0% Other 0 0 0% Other 0 0 0% Other 0 0 0% Total Project Costs for Fiscal Year 2022-2023 2,769,619 100% 8. Has this project previously received state funding? Piscal Year Amount Specific Vetoed Appropriation # | 1. Project Title | Kinloch Roadwa | ay Neighborhood I | mprovements - Miami | | |
|--|---------------------------------------|-----------------------|---------------------|--|---|--|
| 4. Project/Program Description This project will enhance roadway conditions in the Kinloch area. The scope of the project includes, but is not limited roadway reconstruction at various segments, including NW 3rd Street from NW 47th to 48th Avenue. The project will a include sidewalks and drainage improvements. 5. State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding Operations Operat | 2. Senate Sponsor | Ileana Garcia | | | | |
| This project will enhance roadway conditions in the Kinloch area. The scope of the project includes, but is not limited roadway reconstruction at various segments, including NW 3rd Street from NW 47th to 48th Avenue. The project will sinclude sidewalks and drainage improvements. 5. State Agency to receive requested funds State Agency contacted? No 5. Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding | 3. Date of Request | 10/11/2021 | | | | |
| roadway reconstruction at various segments, including NW 3rd Street from NW 47th to 48th Avenue. The project will a include sidewalks and drainage improvements. 5. State Agency to receive requested funds State Agency contacted? No 5. Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding Operations Operations Coperations Co | 4. Project/Program D | escription | | | | |
| State Agency contacted? No Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding Operations Ope | roadway reconstruc | ction at various segi | ments, including N | och area. The scope of t W 3rd Street from NW 4 | the project includes 17th to 48th Avenue | , but is not limited to, e. The project will also |
| Type of Funding Operations Operations Operations Operations Operations Total State Funds Requested Total State Funds Requested Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) Total State Funds Requested (from question #6) State (scaluding the amount of this request) Operations Federal Operations Follows Federal Operations Follows Federal Operations Follows Federal Operations Operations Federal Operations Operations Federal Operations Opera | 5. State Agency to re | eceive requested f | unds Depart | ment of Transportation | | |
| Type of Funding Operations Operat | State Agency cont | acted? No | | | | |
| Operations Ope | 6. Amount of the Nor | recurring Reques | t for Fiscal Year 2 | 2022-2023 | | |
| Operations Ope | Type of Funding | | | Amo | unt | |
| Total State Funds Requested 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) 7. Total Project Costs Funding 8. Matching Funds 8. Matching Funds 8. Matching Funds 8. Federal 9. 0 0% 8. State (excluding the amount of this request) 9. Cother 9. 0 0% 9. Total Project Costs for Fiscal Year 2022-2023 9. Total Project previously received state funding? 9. Is future funding likely to be requested? 10. Is future funding likely to be requested? 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | | | | | _ | |
| Total State Funds Requested 2,269,619 Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) Type of Funding Amount Percentage Total State Funds Requested (from question #6) 2,269,619 82% Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0,0% Cother 0 0 0% Total Project Costs for Fiscal Year 2022-2023 2,769,619 100% Amount Specific Vetoed (yyyy-yy) Recurring Nonrecurring No Specific Appropriation # Describe the source of funding that can be used in lieu of state funding. | • | V | | | 2,269,619 | |
| Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) Type of Funding | | | | | | 1 |
| Total State Funds Requested (from question #6) 2,269,619 82% | • | for Fiscal Year 202 | 22-2023 (includin | | . , | ect) |
| Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% Local 500,000 18% Other 0 0 0% Total Project Costs for Fiscal Year 2022-2023 2,769,619 100% 8. Has this project previously received state funding? No Fiscal Year Amount Specific Vetoed Appropriation # 9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. | | Dogwootod (from gu | raction #6) | | | |
| State (excluding the amount of this request) 0 0% | | requested (from qu | estion #6) | 2,269,619 | 82% | |
| State (excluding the amount of this request) Local Other Other | | | | 0 | 00/ | |
| Cother C | | amount of this roo | ruost) | | | |
| Other Total Project Costs for Fiscal Year 2022-2023 2,769,619 100% B. Has this project previously received state funding? Fiscal Year Amount Specific Vetoed Appropriation # D. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | , , | e amount of this fed | luesi) | | | 1 |
| Total Project Costs for Fiscal Year 2022-2023 2,769,619 100% B. Has this project previously received state funding? Fiscal Year Amount Specific Appropriation # O. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. | | | | · | | 1 |
| B. Has this project previously received state funding? Fiscal Year Amount Specific Vetoed | | - (| 200 0000 | | | |
| Fiscal Year Amount Specific Vetoed Recurring Nonrecurring No a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. | Total Project Cost | s for Fiscal Year 2 | .022-2023 | 2,769,619 | 100% | |
| (yyyy-yy) Recurring Nonrecurring Appropriation # No a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | 3. Has this project p | reviously received | state funding? | No | | |
| a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | Fiscal Year | Am | ount | Specific | Vetoed | |
| a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | | | | | | |
| a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | N. I. a. Cartana a. Cara all'ar ar l' | 9 - 1 (- 1 | (10 | NI. | | |
| b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | 3. IS future funding I | kely to be request | lea? | INO | | 1 |
| 0. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | a. If yes, indicate i | nonrecurring amo | unt per year. | | | |
| 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? | b. Describe the so | urce of funding th | at can be used ir | n lieu of state funding. | | |
| | | | | | |] |
| | | | | | |] |
| Yes | 0. Has the entity red | questing this proje | ect received any f | ederal assistance rela | ted to the COVID- | 19 pandemic? |
| | Yes | | | | | |
| If yes, indicate the amount of funds received and what the funds were used for. | | | | | | |



LFIR # 1351

\$10 million used to help residents in the form of grocery gift cards and local business assistance

11. 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 | Operational Costs: Other | | | | | |
| Salary and Benefits | | 0 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Enhance roadway conditions in the Kinloch area. The scope of the project includes, but is not limited to, roadway reconstruction at various segments, including NW 3rd Street from NW 47th to 48th Avenue. The project will also include sidewalks and drainage improvements. | 2,269,619 | | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | | |

12. Program Performance

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

The ultimate goal of this project is to enhance roadway conditions in the Kinloch area. Project scope includes, but is not limited to, roadway reconstruction at various segments including NW 3rd Street from NW 47th to 48th Avenue. The project will also include sidewalk improvements, crosswalks, drainage, and other related work.

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

Activities to be performed to meet the intended purpose include full design, construction administration, and construction activities. Minor storm water drainage system improvements may be also incorporated as a result of the roadway reconstruction.

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

Indirect services will be provided to all residents and visitors by providing them with a smooth roadway which will likely address any slope correction, an improved drainage system, ADA improvements, and a safer environment for pedestrians in the neighborhood.

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

City of Miami residents and visitors, particularly residents in the City of Miami District 4.

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

Safer roadway and increased mobility. This can be measured by less resident complaints and also by conducting a pavement assessment.

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?



LFIR # 1351

The city will be subject to an audit. In addition, the bid award for construction may include additional provisions for liquidated damages within the contract agreement.

| 13. | The owners of the facility to receive, directly | or indirectly, an | y fixed capital | outlay funding. | Include the |
|-----|---|-------------------|-----------------|-----------------|-------------|
| | relationship between the owners of the facilit | ty and the entity | • | | |

The City of Miami.



LFIR # 1351

| 14. | 14. Requestor Contact Information | | | | | | |
|----------------------------------|---------------------------------------|-----------------------------|------|-----------|---------|--|--|
| | a. First Name | Art Last Name Norieg | | | Noriega | | |
| | b. Organization | City of Miami, City Manager | | | | | |
| | c. E-mail Address | anoriega@miamigov.com | | | | | |
| | d. Phone Number | (305)416-1025 Ext . | | | | | |
| 15. | 15. Recipient Contact Information | | | | | | |
| | a. Organization | City of Mi | iami | | | | |
| | b. Municipality and County Miami-Dade | | | | | | |
| | c. Organization Ty | ре | | | | | |
| | □For Profit Entity | , | | | | | |
| | □Non Profit 501(c | c)(3) | | | | | |
| | □Non Profit 501(c | 1(c)(4) | | | | | |
| | ☑Local Entity | ntity | | | | | |
| | □University or Co | llege | | | | | |
| | □Other (please specify) | | | | | | |
| | d. First Name | Hector | | Last Name | Badia | | |
| | e. E-mail Address | hbadia@miamigov.com | | | | | |
| | f. Phone Number | | | | | | |
| 16. Lobbyist Contact Information | | | | | | | |
| | a. Name | Jose K. Fuentes | | | | | |
| | b. Firm Name | Becker & Poliakoff PA | | | | | |
| | c. E-mail Address | jfuentes@beckerlawyers.com | | | | | |
| | d. Phone Number | (305)260-1018 | | | | | |