

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1421** 

1. Project Title	Miami-Dade County Zero	Waste Ma	ster Plan		
2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	11/16/2023				
4. Project/Program De	escription				
planning for the disp County's solid waste in February of 2023, annually. The loss of and 2032, create an stream. This project	ude the development of a Ze osition of Miami-Dade Count needs in consideration of the which had previously process that facility combined with the urgent need for Miami-Dade seeks to identify measures a lice waste and improve and integulations.	ty's waste and ssed appro he fact thate County to and paths to appropriate the county to and paths to the stand paths to and the paths to another the paths to another the paths the paths to another the paths to another the paths t	stream. It will identify significant damage to eximately 1 million tor t two Miami-Dade Co identify and develop owards implementati	solutions to meet to the County owned as of the County's so bunty Landfills will re alternative plans for	the Miami-Dade Id Waste to Energy Plant Solid waste stream each capacity in 2026 or managing its waste
5. State Agency to rec	ceive requested funds	Departme	ent of Environmental	Protection	
State Agency conta	cted? Yes				
6. Amount of the Nonr	ecurring Request for Fisca	al Year 202	24-2025		
Type of Funding			Amo	umt	1
Operations			Aillo	1,000,000	_
Fixed Capital Outlay				1,000,000	-
Total State Funds F				1,000,000	
Total State Lulius I	\cuucsicu				
				1,000,000	_
	or Fiscal Year 2024-2025 (i	ncluding r	matching funds ava	,	-
		ncluding r	matching funds ava	,	-
7. Total Project Cost fo		ncluding r		ilable for this proj	ect)
7. Total Project Cost fo	or Fiscal Year 2024-2025 (i	ncluding r	Amount	ilable for this proj	ect)
7. Total Project Cost for Type of Funding Total State Funds Re	or Fiscal Year 2024-2025 (i	ncluding r	Amount	ilable for this proj	ect)
7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal	or Fiscal Year 2024-2025 (i	ncluding r	Amount 1,000,000	ilable for this proj Percentage 50%	ect)
7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal	or Fiscal Year 2024-2025 (in equested (from question #6)	ncluding r	Amount 1,000,000	ilable for this proj Percentage 50%	ect)
7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the	or Fiscal Year 2024-2025 (in equested (from question #6)	ncluding I	Amount 1,000,000 0	ilable for this proj Percentage 50% 0%	ect)
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7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure of the Project Costs  Fiscal Year	equested (from question #6) amount of this request)  for Fiscal Year 2024-2025 eviously received state fun	ding?	Amount 1,000,000  0 1,000,000 0 2,000,000 No Specific	ilable for this proj  Percentage  50%  0%  50%  50%  100%	ect)
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure of the Project Costs  Fiscal Year	equested (from question #6) amount of this request)  afor Fiscal Year 2024-2025 eviously received state fun  Amount  Recurring Nonre	ding?	Amount 1,000,000  0 1,000,000 0 2,000,000 No Specific	ilable for this proj  Percentage  50%  0%  50%  50%  100%	ect)
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project present (yyyy-yy)  9. Is future funding like	equested (from question #6) amount of this request)  afor Fiscal Year 2024-2025 eviously received state fun  Amount  Recurring Nonre	ding?	Amount  1,000,000  0  1,000,000 0  2,000,000 No  Specific Appropriation #	ilable for this proj  Percentage  50%  0%  50%  50%  100%	ect)
7. Total Project Cost for Type of Funding Total State Funds Row Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project present (yyyy-yy)  9. Is future funding like a. If yes, indicate not	equested (from question #6)  amount of this request)  afor Fiscal Year 2024-2025  eviously received state fun  Amount  Recurring Nonre  cely to be requested?  conrecurring amount per year	ding?	Amount  1,000,000  0  1,000,000 0  2,000,000 No  Specific Appropriation #	ilable for this proj  Percentage  50%  0%  50%  100%  Vetoed	ect)
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Yes

Salary and Benefits

Services/Study

Consultants/Contracted

Other

Expense/Equipment/Travel/Supplies/

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

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0

0

1,000,000

If yes, indicate the amount of f	unds received and what the	funds were used for.	
Miami-Dade County received \$2 businesses, veterans, senior medincome tenants, nonprofits, and of Miami-Dade municipalities.	als, restaurants, hotel workers	s, first responders, landlo	rds, low-
Complete questions 11 a	and 12 for Fixed Cap	oital Outlay Proje	ects
11. Status of Construction			
a. What is the current phase of	the project?		
Planning Design	Construction N	/A	
b. Is the project "shovel ready"	(i.e permitted)?	No	
c. What is the estimated start d	ate of construction?		
d. What is the estimated compl	etion date of construction?		
12. List the owners of the facility relationship between the own	to receive, directly or indire ers of the facility and the er	ectly, any fixed capital c ntity.	utlay funding. Include the
13. Details on how the requested s	state funds will be expende	d	
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			

### Fixed Capital Construction/Major Renovation: Construction/Renovation/Land/ Planning Engineering

The Zero Waste Master Plan will be developed by one or more

and engagement. This will include coordination across the 34 municipalities in Miami-Dade County and with

consultants hired to create the plan. It will require engineering and planning background, including expertise in solid waste, recycling, and organics processing technology and operations. The plan will need to consider operations and functions across across multiple

departments, in addition to requiring extensive community outreach



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Total State Funds Red	auested (must eat	ual total from o	uestion #6)

1,000,000

### 14. Program Performance

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

The purpose and goal is provide for compliance with recycling goal and program requirements under Florida Statutes Sections 403.7061 and 403.7032. The funds will provide for a comprehensive strategy for Miami-Dade County to reduce the environmental impacts connected to its solid waste; reduce the quantity of solid waste going to landfills; improve options for processing of organics; improve the quality, quantity, and markets for recyclable; and identify comprehensive solutions for solid waste management. Community and municipal engagement will be central to meeting these goals.

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

The activities and services will include engagement with the community, businesses, and municipalities within the County to develop a plan that serves the solid waste needs of the broader community. The plan will include identification of existing practices for handling waste across departments and users. The project will require identification and a plan for implementation of best practices to reduce, reuse, recycle, compost, and process in waste to energy processes in order to divert waste from landfills and minimize impacts to the environment. In addition to programmatic and engineering components, the plan must include human behavior, outreach, and education aspects.

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

Citizens will have a role in the development of the project through the community engagement. The resulting plan should improve programmatic options for handling of waste, in addition to the education and outreach to help improve practices in the community.

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

All the residents and businesses in Miami-Dade County, specifically the unincorporated areas of MDC and 34 municipalities. The residents and business in unincorporated areas Miami-Dade County and coordinate with all 34 municipalities.

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

Identification of solutions to address the County's solid waste management and to ensure the protection of the environment, including Biscayne Bay and the Everglades. The methodology by which outcomes will be measured will be in the number of residents, businesses and local governments engaged through the project development. As the plan is implemented, the number of people and businesses reached through outreach, education and other activities will measure the reach of the project. Ultimately, reductions in the amount of waste produced per household and improvements in the level of contamination in recycling streams would be the benefit of the project. However, measuring those metrics is beyond the scope of this funding directly.

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?

Failure to meet deliverables will result in nonpayment.	

15. Requester Contact Inform	nation
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a. First Name	Jimmy	Last Name	Morales
b. Organization	Miami Dade County		
c. E-mail Address	jimmy.morales2@miamid	ade.gov	
d. Phone Number	(305)846-1091	Ext.	

### 16. Recipient Contact Information

a. Organization Miami Dade County



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b. Municipality and County Miami-Dade						
	c. Organization Type					
	□For Profit Entity					
	□Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	☑Local Entity					
	□University or College					
	□Other (please specify)					
			1 1			
	d. First Name	Jimmy	Last Name	Morales		
	e. E-mail Address jimmy.morales2@miamidade.gov					
	f. Phone Number (305)375-2531					
17.	17. Lobbyist Contact Information					
	a. Name	Jess M. McCarty				
	b. Firm Name					
	c. E-mail Address	lress jmm2@miamidade.gov				
	d Phone Number	(305)979-7110				