

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

LFIR # 1745

N Hac the entity	uootina thio proisst	rossived and fa	deral assistance relat	ad to the COVID 4	0 nandamisa
S. Describe the sol	a. 55 or randing that	Can be used iii	nou or otate randing.		
	onrecurring amoun		lieu of state funding.		
_			INU		
Is future funding li	kely to be requested	12	No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year	Amou		Specific Appropriation #	Vetoed	
Has this project pro	eviously received s	tate funding?	No		
Total Project Costs	s for Fiscal Year 202	24-2025	5,625,000	100%	
Other			0	0%	
Local			1,125,000	20%	
State (excluding the	amount of this reque	est)	0	0%	
Federal			0	0%	
Matching Funds					
Total State Funds R	equested (from ques	tion #6)	4,500,000	80%	
Type of Funding			Amount	Percentage	,
		-2025 (including	matching funds avai		ct)
Total State Funds				4,500,000	
Fixed Capital Outlay	<u> </u>			4,500,000	
Operations			Amo	0	
Type of Funding			Amou	ınt	
Amount of the Non	recurring Request f	or Fiscal Year 20	024-2025		
State Agency conta	acted? No				
State Agency to re	ceive requested fun	ds Departn	nent of Transportation		
improvement will en	tail a roadway wideni	ing, installation of	ong SE 4-6Ave from Hi f storm-water infrastruc s, and the installation o	ture and drainage in	
Project/Program D	<u> </u>				
Date of Request	12/04/2023				
Senate Sponsor	Bryan Avila				
	Phase 2				
Project Title	Revitalization				

If yes, indicate the amount of funds received and what the funds were used for.



11. Status of Construction

1

a. What is the current phase of the project?

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The City received \$66 million in American Rescue Plan funds that were used to defray the costs of first responder salaries for COVID response efforts, to recover lost revenue as a result of COVID, as well as to fund various infrastructure improvements throughout the City.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

	Planning	Design	Construction	O N/A			
k	o. Is the project "	shovel ready" (i.e	e permitted)?		No		
c. What is the estimated start date of construction?					01/01/2025		
c	d. What is the est	imated completion	on date of construc	ction?	07/30/2025		
2.	List the owners relationship bety	of the facility to r ween the owners	eceive, directly or of the facility and	indirectly the entity	y, any fixed capital (/.	outlay funding. Include the	
	The requester, th	ne City of Hialeah,	owns all of the sub	ject faciliti	es.		

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	Roadway reconstruction and widening, LED streetlight installation, sidewalk improvements, and storm water system installation. Total construction cost is \$5,625,000, and the City will contribute \$1,125,000 representing 20% of the cost of this construction	4,500,000
Total State Funds Requested (m	ust equal total from question #6)	4,500,000

14. Program Performance

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

The funds will be used to deliver the improved city right of way which will include a widened and repaved roadway, drainage improvements, new LED streetlights, and ADA compliant sidewalks.

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



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Flooding conditions during the rainy season will improve as a result of the drainage improvements. Furthermore, the remaining improvements will contribute to less traffic congestion during peak hours as a result of the widening of the roadway. Public safety in the area will be augmented by the addition of LED lights.

c. What direct se	rvices will	be provided to	citizens by t	he appr	opriatio	on proje	ect?					
The project will n	ot provide a	a direct service.										
d. Who is the tar	get popula	tion served by t	his project?	How ma	any ind	lividual	s are	expe	ted to	be se	rved?	
The project will b	enefit the g	eneral population	า.									
e. What is the explored be measured?	pected ber	efit or outcome	of this proj	ect? Wh	at is th	e meth	odolo	ogy by	whic	h this d	outcom	e will
The LED lighting visibility will also comparing the are car accidents in the peak hours becausidewalks, pedest The drainage impevents, thus impro	create safer ea's crime s ne area cou ise the wide rian crossw rovements	driving condition tatistics after the ld be compared tening of the road valks, and area p and installation of	n for motorists improvemen to illustrate th way will redu arking lot will of a storm wa	s travers its are in ne public ce traffic I all contr ter syste	sing the astalled to safety it congestribute to the safety in the total months in the safety in thes	area. The standard st	he ad tatisti ement urther red m flood	Ided sact todates. Train more, lobility ing column	afety co ay. Simific con the im both o	ould be nilarly, i iditions proven in foot a	e measu the stati s will imp nents to and by v	red by istics on prove at the vehicle.
f. What are the su	iggested p	enalties that the	e contracting	g agenc	y may (conside	er in a	additio	n to it	ts stan	dard p	enalties
for failing to mee	t deliverab	les or performa	nce measur	es provi	ided for	r the co	ntra	ct?				
The City of Hiales Furthermore, the	ah is willing City is willir	to be bound by	the standard additional p	penalties enalties	s for bre the Der	each of partmen	contr t may	act in t	he sta	te of FI	orida.	
15. Requester Contac	et Informati	ion										
a. First Name	Esteban		Last Name	Boyo								
b. Organization		ity of Hialeah	Last Name	DOVO								
c. E-mail Address		•										
d. Phone Number			Ext.									
16. Recipient Contact]							
a. Organization	City of Hi				ı							
b. Municipality an	a County	Miami-Dade										
c. Organization Ty	/pe											
□For Profit Entity	′											
□Non Profit 501(c)(3)											
□Non Profit 501(c)(4)											
☑Local Entity												
□University or Co	ollege											
□Other (please s	pecify)											



17.

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d. First Name	Carlos	Last Name	San Jose				
e. E-mail Address	csanjose@hialeahfl.gov						
f. Phone Number	(305)883-5800						
Lobbyist Contact Information							
a. Name	Eduardo S Gonzalez						
b. Firm Name	Sun City Strategies, LLC						
c. E-mail Address	egonzalez102@yahoo.co	m					
d. Phone Number	(786)351-5849						