



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1747

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The funds will be used to improve the City right of way along SE 6-8 Ave from SE 4 ST-SE 8 ST. These improvement will entail a roadway widening, installation of storm-water infrastructure and drainage improvements, road reconstruction, the installation of ADA compliant sidewalks, and the installation of LED streetlights.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,400,000
Total State Funds Requested	2,400,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,400,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	3,000,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**

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

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



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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

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 date of construction?

01/01/2025

d. What is the estimated completion date of construction?

07/30/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The requester, the City of Hialeah, owns all of the subject facilities.

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Roadway reconstruction and widening, LED streetlight installation, sidewalk improvements, and storm water system installation. Total construction cost is \$3,000,000, and the City will contribute \$600,000 representing 20% of the cost of this construction	2,400,000
Total State Funds Requested (must equal total from question #6)		2,400,000

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 services will be provided to citizens by the appropriation project?

The project will not provide a direct service.

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

The project will benefit the general population.

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

The LED lighting improvements will act as a deterrent to crime by providing for more visibility. Furthermore, the added visibility will also create safer driving condition for motorists traversing the area. The added safety could be measured by comparing the area's crime statistics after the improvements are installed to the statistics today. Similarly, the statistics on car accidents in the area could be compared to illustrate the public safety improvements. Traffic conditions will improve at peak hours because the widening of the roadway will reduce traffic congestion. Furthermore, the improvements to the sidewalks, pedestrian crosswalks, and area parking lot will all contribute to improved mobility both on foot and by vehicle. The drainage improvements and installation of a storm water system will improve flooding conditions after large rain events, thus improving living conditions for area residents, and driving conditions for motorists.

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?

The City of Hialeah is willing to be bound by the standard penalties for breach of contract in the state of Florida. Furthermore, the City is willing to contemplate additional penalties the Department may propose.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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Fiscal Year 2024-2025

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d. First Name Last Name
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number