

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

**LFIR # 2197** 

| source or funding th                           |   |   |   |  |  |  |
|--|---|---|---|--|--|--|
| _  |   | n lieu of state funding.  |   |  |  |  |
| g likely to be request<br>te nonrecurring amou |   | No  |   |  |  |  |
|  |   |   |   |  |  |  |
| Am-<br>Recurring                               |   | Specific Appropriation #  | Vetoed  |  |  |  |
| t previously received                          | state funding?  | No  |   |  |  |  |
| osts for Fiscal Year 2                         | 024-2025  | 1,100,000   | 100%  |  |  |  |
|  |   | 0   | 0%  |  |  |  |
| the amount of this req                         | accij   |   | 30%   |  |  |  |
| the amount of this roa                         | uest)   | _   | 0%<br>0%  |  |  |  |
| S  |   | _1  |   |  |  |  |
|  | estion #6)  | 770,000   | 70%   |  |  |  |
|  | 24-2025 (includin   | g matching funds ava  | ilable for this proj<br>Percentage  |  |  |  |
| us kequestea                                   |   |   | 770,000   |  |  |  |
| Fixed Capital Outlay                           |   |   | 770,000   |  |  |  |
| 41   |   |   | 0   |  |  |  |
| g  |   | Amo   | unt   |  |  |  |
| Ionrecurring Request                           | for Fiscal Year   | 2024-2025   |   |  |  |  |
|  | inds Depart   | ment of Environmental   | Protection  |  |  |  |
| <u> </u>                                       |   |   | •   |  |  |  |
| ments to reduce floodi                         |   |   |   |  |  |  |
|  |   |   |   |  |  |  |
| t 11/30/2023                                   |   |   |   |  |  |  |
| r Shevrin Jones                                |   |   |   |  |  |  |
|  | m Description ements to reduce flooding ainage piping, manhole to receive requested functed?  Nonrecurring Requested  ost for Fiscal Year 202  ag  ds Requested (from quested from quested)  to the amount of this requested from quested from | m Description  ements to reduce flooding and improve wainage piping, manholes, and drainage in oreceive requested funds  ontacted? Yes  Nonrecurring Request for Fiscal Year 2019  outlay  nds Requested  ost for Fiscal Year 2024-2025 (including des Requested (from question #6))  Is  other amount of this request)  costs for Fiscal Year 2024-2025  et previously received state funding?  Amount  Recurring Nonrecurring  ng likely to be requested? | m Description ements to reduce flooding and improve water quality. Project inclainage piping, manholes, and drainage inlets serving the public rooreceive requested funds ontacted? Yes  Nonrecurring Request for Fiscal Year 2024-2025  Ing Amount  dis Requested  Department of Environmental and Amount  Amount  dis Requested  Description  Amount  Amount  Option of this request for Fiscal Year 2024-2025  Ing Amount  Option of this request for Fiscal Year 2024-2025  Ing Amount  Option of this request for Fiscal Year 2024-2025  Ing Amount  Recurring Nonrecurring  No  Ing Iikely to be requested? |  |  |  |



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Miami-Dade County received \$2,608,188,975.73 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, lowincome tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

| Complete questions 11 a  | nd 12 for Fixed Ca  | pital Outlay Proj                   | ects                        |
|--|---|-------------------------------------|-----------------------------|
| 11. Status of Construction   |   |                                     |                             |
| a. What is the current phase of t                                    | the project?  |                                     |                             |
| Planning • Design  | Construction 0  | N/A                                 |                             |
| b. Is the project "shovel ready"                                     | (i.e permitted)?  | No                                  |                             |
| c. What is the estimated start da                                    | ate of construction?                                      | 10/1/2024                           |                             |
| d. What is the estimated comple                                      | etion date of construction                                | <b>?</b> 3/31/2025                  |                             |
| 12. List the owners of the facility t relationship between the owner | o receive, directly or indirers of the facility and the e | ectly, any fixed capital<br>entity. | outlay funding. Include the |
| Miami-Dade County  |   |                                     |                             |
| 13. Details on how the requested s                                   | tate funds will be expende                                |                                     |                             |
| Spending Category  |   | Description                         | Amount                      |
| Administrative Costs:  Executive Director/Project Head               |   |                                     |                             |
| Salary and Benefits  |   |                                     |                             |
| Other Salary and Benefits  |   |                                     |                             |
| Expense/Equipment/Travel/Supplies/<br>Other                          |   |                                     |                             |
| Consultants/Contracted<br>Services/Study                             |   |                                     | (                           |
| Operational Costs: Other   |   |                                     |                             |
| Salary and Benefits  |   |                                     | (                           |
| Expense/Equipment/Travel/Supplies/<br>Other                          |   |                                     | (                           |
| Consultants/Contracted<br>Services/Study                             |   |                                     | (                           |
| Fixed Capital Construction/Majo                                      | or Renovation:  |                                     |                             |
| Construction/Renovation/Land/<br>Planning Engineering                | Construction contract                                     |                                     | 770,000                     |
| <b>Total State Funds Requested (m</b>                                | nust equal total from ques                                | tion #6)                            | 770,000                     |
| 14. Program Performance  a. What specific purpose or go              | <u> </u>  | funds requested?                    |                             |
| Flood control and water quality                                      |   |                                     |                             |
| b. What activities and services                                      | will be provided to meet                                  | the intended purpose o              | f these funds?              |
| Construction   |   |                                     |                             |



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| c. What direct ser                        | vices will   | be provided to     | citizens by t | he appropria | ation project | ?  |  |  |  |
|---|--|--------------------|---------------|--------------|---------------|--|--|--|--|
| None. Benefits inc                        | clude reduction of flooding and water quality improvements                               |                    |               |              |               |  |  |  |  |
| d. Who is the targ                        | arget population served by this project? How many individuals are expected to be served? |                    |               |              |               |  |  |  |  |
| County residents                          | nts and visitors   |                    |               |              |               |  |  |  |  |
| e. What is the exp<br>be measured?        | ected ben  | efit or outcome    | of this proj  | ect? What is | the methodo   | ology by which this outcome will             |  |  |  |
| Flood control and                         | water qua  | lity improvement   | s. Measuring  | outcome via  | inspections a | nd monitoring                                |  |  |  |
| f. What are the su<br>for failing to meet | •  |                    |               |              |               | n addition to its standard penaltie<br>ract? |  |  |  |
| Failure to meet de                        | eliverables  | will result in non | payment       |              |               |  |  |  |  |
| 15. Requester Contact                     | t Informati  | ion                |               |              |               |  |  |  |  |
| a. First Name                             | Alexi  |                    | Last Name     | Manresa      |               |  |  |  |  |
| b. Organization                           | Miami-Dade County RER  |                    |               |              |               |  |  |  |  |
| c. E-mail Address                         | Alexi.mar  | nresa@miamidad     | de.gov        |              |               |  |  |  |  |
| d. Phone Number                           | (305)606   | -3840              | Ext.          |              |               |  |  |  |  |
| 16. Recipient Contact                     | Information  | on                 |               |              |               |  |  |  |  |
| a. Organization                           | Miami-Da   | ade County         |               |              |               |  |  |  |  |
| b. Municipality and                       | d County   | Miami-Dade         |               |              |               |  |  |  |  |
| c. Organization Ty                        | pe   |                    |               |              |               |  |  |  |  |
| □For Profit Entity                        |  |                    |               |              |               |  |  |  |  |
| □Non Profit 501(d                         | c)(3)  |                    |               |              |               |  |  |  |  |
| □Non Profit 501(d                         | c)(4)  |                    |               |              |               |  |  |  |  |
| ☑Local Entity                             |  |                    |               |              |               |  |  |  |  |
| □University or Co                         | llege  |                    |               |              |               |  |  |  |  |
| □Other (please s <sub>l</sub>             | oecify)  |                    |               |              |               |  |  |  |  |
| d. First Name                             | Marina   |                    | Last Name     | Blanco-Pape  | e, P.E.       |  |  |  |  |
| e. E-mail Address                         | Papem@   | miamidade.gov      |               |              |               |  |  |  |  |
| f. Phone Number                           | (786)256   | -2633              |               |              |               |  |  |  |  |
| 17. Lobbyist Contact I                    | nformatio  | n                  |               |              |               |  |  |  |  |
| a. Name                                   | Jess M. I  | McCarty            |               |              |               |  |  |  |  |
| b Firm Name                               | 1  |                    |               |              | 1             |  |  |  |  |



03/31/2025

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|     | c. E-mail Address  | jmm2@miamidade.gov                         |  |  |  |  |
|-----|--|--|--|--|--|--|
|     | d. Phone Number  | (305)979-7110                              |  |  |  |  |
| ΡI  | Please complete the questions below for Water Projects only. |  |  |  |  |  |
| 18. | Have you applied f   | or alternative state funding?              |  |  |  |  |
|     | ☐ Waste Water Re   | evolving Loan                              |  |  |  |  |
|     | ☐ Drinking Water Revolving Loan                              |  |  |  |  |  |
|     | □ Small Community Wastewater Treatment Grant                 |  |  |  |  |  |
|     | □ Other (please specify)                                     |  |  |  |  |  |
|     | ☑ N/A  |  |  |  |  |  |
| 19. | What is the popula   | tion economic status?                      |  |  |  |  |
|     | ☐ Financially Disa   | dvantaged Community (ch. 62-552, F.A.C)    |  |  |  |  |
|     | ☐ Financially Disa   | dvantaged Municipality (ch. 62-552, F.A.C) |  |  |  |  |
|     | ☐ Rural Area of E  | conomic Concern                            |  |  |  |  |
|     | ☐ Rural Area of O  | pportunity (s. 288.0656, Florida Statutes) |  |  |  |  |
|     | ☑ N/A  |  |  |  |  |  |
| 20. | What is the status   | of construction?                           |  |  |  |  |
|     | Ready to start   |  |  |  |  |  |
| 21. | What percentage o  | f the construction has been completed?     |  |  |  |  |
|     | 0%   |  |  |  |  |  |
| 22. | What is the estima   | ted completion date of construction?       |  |  |  |  |