

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

**LFIR # 2334** 

1. Project Title	Cutler Bay Bel-Air	Park Improvement	ents		
2. Senate Sponsor	Alexis Calatayud				
3. Date of Request	12/04/2023				
4. Project/Program D	escription				
Room. Bel-Aire Par quadrant. The Com closed the building existing 1,375 sq ft recreational activitie concessions and pu	k is the only active put munity Room supports on July 11, 2022, due building and construct es, academic support,	blic park within v s sporting league to the potential i a 2,500 sq ft AI and community eet current ADA	unds to support the reswalking distance for reses and academic supports of structural collaps. Accessible building gatherings. Additionall and building regulationer recovery efforts.	sidents living in the fort programming; he se. Funds will be us to house a multi-puy, the building will h	Town's northwest owever, the Town sed to demolish the irpose room for indoor ave space for
5. State Agency to re	ceive requested fund	<b>ds</b> Departn	ment of Environmental	Protection	
State Agency conta	acted? No				
6. Amount of the Non	recurring Request fo	or Fiscal Year 2	024-2025		
		n i iscai i cai z			I
Type of Funding			Amo	_	
Operations	•			300,000	
Fixed Capital Outlay				300,000	
Total State Funds Requested				300,000	
Total State I ulius					
		2025 (including	a matching funds ava	ilable for this proi	ect)
7. Total Project Cost		2025 (including			ect)
7. Total Project Cost	for Fiscal Year 2024-		Amount	Percentage	ect)
7. Total Project Cost  Type of Funding  Total State Funds F					ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds	for Fiscal Year 2024-		Amount 300,000	Percentage 30%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal	for Fiscal Year 2024-: Requested (from quest	tion #6)	Amount 300,000	Percentage 30%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the	for Fiscal Year 2024-	tion #6)	Amount 300,000	Percentage 30% 0% 0%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local	for Fiscal Year 2024-: Requested (from quest	tion #6)	Amount 300,000 0 0 700,000	Percentage 30% 0% 0% 70%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other	for Fiscal Year 2024-: Requested (from quest	st)	Amount 300,000  0 0 700,000 0	Percentage  30%  0%  0%  70%  0%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other	for Fiscal Year 2024-: Requested (from quest	st)	Amount 300,000 0 0 700,000	Percentage 30% 0% 0% 70%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other	for Fiscal Year 2024-in Requested (from quest e amount of this requested for Fiscal Year 2024)	st) 4-2025	Amount 300,000  0 0 700,000 0	Percentage  30%  0%  0%  70%  0%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr	for Fiscal Year 2024-in Requested (from quest e amount of this requested for Fiscal Year 2024)	st) 4-2025 ate funding?	Amount  300,000  0  700,000 0  1,000,000 No Specific	Percentage  30%  0%  0%  70%  0%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr	for Fiscal Year 2024- Requested (from quest e amount of this request s for Fiscal Year 2024 reviously received sta	st) 4-2025 ate funding?	Amount 300,000  0 700,000 0 1,000,000	Percentage  30%  0%  0%  70%  100%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr	for Fiscal Year 2024-2024-2024-2024-2024-2024-2024-2024	st) 4-2025 ate funding?	Amount  300,000  0  700,000 0  1,000,000 No Specific	Percentage  30%  0%  0%  70%  100%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr	for Fiscal Year 2024-2 Requested (from quest e amount of this request s for Fiscal Year 2024 reviously received sta	st) 4-2025 ate funding? int Nonrecurring	Amount  300,000  0  700,000 0  1,000,000 No Specific	Percentage  30%  0%  0%  70%  100%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr  Fiscal Year (yyyy-yy)  9. Is future funding li	for Fiscal Year 2024-2 Requested (from quest e amount of this request s for Fiscal Year 2024 reviously received sta	st)  4-2025  ate funding?  int  Nonrecurring  ?	Amount  300,000  0  700,000 0  1,000,000  No  Specific Appropriation #	Percentage  30%  0%  0%  70%  100%	ect)
7. Total Project Cost  Type of Funding  Total State Funds F  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cost  8. Has this project pr  Fiscal Year (yyyy-yy)  9. Is future funding li a. If yes, indicate r	reviously received state on recurring amount of the requested from quest state of the requested from the req	st)  4-2025  ate funding?  Int  Nonrecurring  ?  t per year.	Amount 300,000  0 700,000 0 1,000,000 No Specific Appropriation #	Percentage	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr Fiscal Year (yyyy-yy)  9. Is future funding li a. If yes, indicate r	reviously received state on recurring amount of the requested from quest state of the requested from the req	st)  4-2025  ate funding?  Int  Nonrecurring  ?  t per year.	Amount   300,000   0   0   700,000   0   1,000,000   No     Specific   Appropriation #	Percentage	ect)



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11. Status of Construction

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

\$146,000-FDLE CESF for law enforcement and equipment, \$850,000 - Miami Dade CARES for law enforcement, emergency supplies, and resident financial support, \$21.89 million - ARPA for water quality improvement projects and general services.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?					
<ul><li>Planning</li></ul>	O Design	Construction	O N/A		
b. Is the project '	'shovel ready" (	(i.e permitted)?		No	
c. What is the es	timated start da	te of construction?		10/01/2024	

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.

09/30/2026

The facility will be owned and operated by the Town of Cutler Bay.

### 13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

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	Design, Permitting, Construction and Construction, Engineering, and Inspection (CEI) of the Bel Aire Park Community Center	300,000
Total State Funds Requested (m	ust equal total from question #6)	300,000

### 14. Program Performance

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



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The proposed project's aims to demolish and unsafe community facility and construct a new larger facility that supports supports team sporting events, youth academic support programs, indoor recreation, and community gatherings (i.e., workshops for older adults or outreach activities). The new building will meet current ADA and FEMA elevation and disaster mitigation requirements.

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

The project has two components: (1) Gain public input on the design plans and potential park activities, and (2) Construct an approximately 2,500 square foot facility to support public recreation that meets LEED Gold Certification Standards.

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

The proposed project expands the availability of safe and accessible recreational spaces for citizens. Citizens in this community currently do not have a park within walking distance from their home, and the existing youth and adult programs have been displaced due to the unsafe structure.

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

The Town of Cutler Bay's population is 43,958 (Census 2022). The facility supports more than 800 grade school students and the general public each year.

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

The Bel-Aire Park Project promotes an active lifestyle by restoring access to public space and ensuring that the community has a safe and accessible neighborhood park within walking distance from their home. The project improves the quality of eduction by constructing a community room for community based organizations to provide tutoring, academic support, and mentoring for grade school youth. The measure of success for this project is the construction of the community facility and reopening of Bel-Aire Park.

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 Town will not be reimbursed for project activities that do not meet the deliverables or performance measures.

5. Requester Contact	t Informati	ion			
a. First Name	Rafael		Last Name	Casals	
b. Organization	Town of 0	Cutler Bay			
c. E-mail Address	rcasals@	cutlerbay-fl.gov			
d. Phone Number	(305)234	-4262	Ext.		
6. Recipient Contact	Information	on			
a. Organization	Town of 0	Cutler Bay			
b. Municipality and	d County	Miami-Dade			
c. Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(c)(4)					
☑Local Entity					



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

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□University or	Col	lege
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□Other (please specify)

d. First Name	Etienne	Last Name	Bejarano
e. E-mail Address	ebejarano@cutlerbay-fl.go	ΟV	
f. Phone Number	(305)234-4262		

## 17. Lobbyist Contact Information

a. Name	Jonathan P. Kilman
b. Firm Name	Converge Government Affairs of Florida, Inc.
c. E-mail Address	jonathan@convergegov.com
d. Phone Number	(305)423-4131