

LFIR # 1954

1. Project Title	Roadway Resurt	facing - NW 17 Av	venue from NW 20 Stre	et to NW 36	
2. Senate Sponsor	Ileana Garcia				
2. Senate Sponsor	neana Garcia				
3. Date of Request	2/11/2025				
4. Project/Program Des	scription				
to NW 36 Street. This	s project will improvent of valve boxes and signage and al	ve the roadway si	urface and driving cond	itions. The scope of	enue from NW 20 Street work includes milling, connectors, as well as of these features for a
5. State Agency to rece	eive requested fu	nds Depart	ment of Transportation		
State Agency contact	cted? Yes				
6. Amount of the Nonre		for Fiscal Year 2	2025-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				487,500	
Total State Funds R	equested			487,500	
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (includin	g matching funds ava	ilable for this proje	ect)
7. Total Project Cost fo Type of Funding	or Fiscal Year 202	5-2026 (including	g matching funds ava	ilable for this proje Percentage	ect)
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Type of Funding Total State Funds Re Matching Funds			Amount 487,500	Percentage 50%	ect)
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10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the curren	t phase of the	project?			
Planning) Design		O N/A		
b. Is the project "sho	ovel ready" (i.e	permitted)?		Yes	
c. What is the estima	ited start date o	of construction?		08/01/2025	
d. What is the estima	ated completion	n date of construc	tion?	10/01/2025	
e. What funding stream	am will be used	d for ongoing ope	rations a	nd maintenance of	he project?
The Department of T operation and mainter			II be using	g General Funds for t	he

11. 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.

Miami-Dade County Department of Transportation and Public Works (DTPW) is the owner of the roadway. DTPW is the entity to receive the funding needed to maintain the pavement conditions of the County's roadway infrastructure.

12. 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		
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	Contracting Engineering Firm	487,500
Total State Funds Requested (m	ust equal total from question #6)	487,500

13. Program Performance

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

The project will improve the roadway surface and driving conditions, providing increased reliability and safety along the corridor. Resurfacing activities are critical to extending the service life of roadways and improving traffic flow. Additionally, the project will mitigate recurring pavement maintenance which takes place frequently due to the poor state of the asphalt.



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

The project will improve access and safety improvements to the area. This will allow residents, students, business owners, maintenance equipment, and service vehicles to have easier access to the roadway. The project will also improve access for emergency vehicles.

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

The project will provide much needed improvements to a roadway that serves as one of the area's main corridors, connecting residents, schools, and businesses.

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

Elderly, economically-disadvantaged, students, residents, and business owners. Thousands are expected to be served.

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

This safety improvement will enhance transportation conditions for all users, including those accessing the schools and businesses. The outcome will be measured by the elimination of documented crash incidents involving the roadway features at this location, as well as by achieving compliance with current safety standards.

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 in the contract?

[Failure to meet deliverables will result in nonpayment.
14. I	s this project related to mitigation, response, or recovery from a natural disaster? No
a.	If Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
	Has the entity applied for or received federal assistance for this project? ☐ Yes, Applied
[☐ Yes, Received
[□ No
[□ No, but intends to apply
a.	If yes, provide the FEMA project worksheet ID#:
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16. Has the entity applied for or received state assistance for this project (other than this request)?

b. Provide the total project cost listed on the FEMA project worksheet:



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☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the	e program and sta	te agency (ex. Loca	al Government Em	ergenc
Commerce):				
17. Requester Contact	Information			
a. First Name	Josiel	Last Name	Ferrer-Diaz	
b. Organization	Department of Tra	nsportation and Pub	lic Works	
c. E-mail Address	Josiel.Ferrer-Diaz	@miamidade.gov		
d. Phone Number	(305)987-1488	Ext.		
C. Organization Ty □For Profit Entity □Non Profit 501(c) □Non Profit 501(c)	e)(3)			
☑Local Entity				
□University or Co				
□Other (please sp	pecify)			
d. First Name	Alejandro	Last Name	Barrios	
e. E-mail Address	Alex.Barrios@mia	midade.gov		
f. Phone Number	(305)321-3483	Ext.		
19. Lobbyist Contact I	nformation			
a. Name	Jess M. McCarty			
b. Firm Name				
c. E-mail Address	jmm2@miamidade	e.gov		
d. Phone Number	(305)979-7110			



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.