



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2444

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Design and construction of pedestrian safety and greenway improvements and associated right-of-way improvements including sidewalks, ADA ramps, pedestrian crosswalks, planter islands, landscaping, lighting, milling and resurfacing, pavement markings, and related drainage relocations.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	17%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	4,942,268	83%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	5,942,268	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	3,000,000	1915A	No

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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?

11/01/2025

d. What is the estimated completion date of construction?

11/01/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

General fund revenues

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.

City of Miami - direct ownership

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The funds will be used to improve sidewalks, curbs, street striping, lighting, and greenways to make streets safer for pedestrians, especially children and the elderly	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

This project will provide improvements to sidewalks, curbs, street striping, lighting, and greenways to make streets safer for pedestrians, especially children. This area is the most dangerous area in Miami-Dade County for pedestrian traffic.

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

The funds will be used to improve sidewalks, curbs, street striping, lighting, and greenways to make streets safer for pedestrians, especially children and the elderly.

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

No direct services will be provided to citizens by this project.



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

Local residents and businesses of the Little Havana Community of the City of Miami which has a population of approximately 76,000.

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

Improve physical health: Reduces number of pedestrian and vehicular accidents. Methodology: Compare number of accidents involving pedestrians. Also measure the volume of usability pre- and post-construction.

Improve transportation conditions: Improved pedestrian corridors reduces the demand on vehicular traffic. Methodology: Measure vehicular traffic pre- and post-construction.

Increase or improve economic activity: Improves the accessibility to businesses. Methodology: Measure revenue pre- and post-construction.

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?

Return of funds to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. 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#:

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

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received



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☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

18. 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)

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

19. Lobbyist Contact Information

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



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