

LFIR # 1778

1. Project Title	Fitle Miami Beach Alton Road Reconstruction 907					
2. Senate Sponsor	Ileana Garcia					
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3. Date of Request	12/1/2025					
4. Project/Program De	escription					
along Alton Road, be station in the vicinity	etween Michigan Av of Alton Road and	renue and Chase 27 Street. These i	ent and upgrades to the Avenue, including the mprovements are crit to the State's tourism	installation of a nevical to protect public	v sanitary sewer pump health and preserve	
5. State Agency to red	ceive requested fu	nds Departr	nent of Environmenta	l Protection		
State Agency conta	icted? No					
6. Amount of the Nonr		for Eiscal Voar 2	N26-2N27			
			_		1	
Type of Funding			Am	ount	-	
Operating Fixed Capital Outland	,			000,000		
Fixed Capital Outlay Total State Funds F				900,000		
Total State I ulius I	<u>\equesieu</u>			900,000		
7. Total Project Cost f	or Fiscal Year 2020	6-2027 (including	matching funds ava	ailable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)		stion #6)	900,000	10%		
Matching Funds				T		
Federal			0	0%	1	
State (excluding the	amount of this requ	est)	0	0%		
Local			8,367,313		1	
Other			0	0%		
Total Project Costs for Fiscal Year 2026-2027			9,267,313	100%		
8. Has this project pre If yes, provide the i	•	•	Yes		_	
Fiscal Year	Amo		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
2025-26	900,000		0 2473	No		
9. Is future-year fundi	ng likely to be req	uested?	No			
a. If yes, indicate n	onrecurring amou	nt per year.				
b. Describe the sou	arce of funding tha	t can be used in	lieu of state funding	l .		
				•	1	
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10. Status of Construction	
a. What is the current phase of the project?	
○ Planning	
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	01/31/2027
d. What is the estimated completion date of construction?	01/31/2030
e. What funding stream will be used for ongoing operations	and maintenance of the project?
City of Miami Beach Funding	
List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti- City of Miami Beach	
12. Details on how the requested state funds will be expended	

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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	All funds will be spent in the construction of said water and sewer distribution system improvements.	900,000		
Total State Funds Requested (must equal total from question #6) 900,				

13. Program Performance

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

The work includes installation of approximately 7,650 linear feet of water main, up to 12-inch diameter, as well as new fire hydrants. in addition, the replacement of sewer line and laterals. These improvements are critical to protect public health and preserve culturally and historically significant zones that contribute to the State's tourism and economic development.

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

Construction Activities

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



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	Drinking water and sewer.
d	. Who is the target population served by this project? How many individuals are expected to be served?
	City of Miami beach, ,Mid-beach community. Around 20,000 people, comprised of residents, tourists and work-force.
	. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will e measured?
	This project will improve the critical infrastructure.
	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie or failing to meet deliverables or performance measures provided for in the contract?
	Termination of funds.
14. Is	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):
15. H	as 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. H	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. Co	If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of mmerce):



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Please complete	e questions 17 thr	rough 21 for Water Projects only.				
17. Have you been awa	arded or applied for alter	rnative state funding for this project?				
□ Water Quality In	mprovement Grant Progra	m				
☐ Resilient Florida	a Grant Program					
□ Wastewater Re	☐ Wastewater Revolving Loan					
□ Drinking Water	☐ Drinking Water Revolving Loan					
☐ Small Commun	☐ Small Community Wastewater Treatment Grant					
☐ Other (please s	pecify, ex. Alternative Wat	ter Supply Grants)				
☑ N/A						
18. What is the popula	tion economic status?					
☐ Financially Disa	☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)					
☐ Financially Disa	☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)					
☐ Rural Area of E	□ Rural Area of Economic Concern					
☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)						
☑ N/A						
19. What is the status	of construction?					
08/25/2026						
20. What percentage of	of the construction has b	een completed?				
0	0					
21. What is the estima	ted completion date of c	construction? 1/31/2030				
22. Requester Contact	Information					
a. First Name	eric	Last Name carpenter				
b. Organization	Zation City of Miami Beach					
c. E-mail Address	ail Address ericcarpenter@miamibeachfl.gov					
d. Phone Number	(305)673-7010	Ext.				



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a. Organization	City of Miami Beach					
b. Municipality and	d County	Miami-Dade				
c. Organization Ty	c. Organization Type					
□For Profit Entity	□For Profit Entity					
□Non Profit 501(d	□Non Profit 501(c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Peter		Last Name	Lissarragu	е	
e. E-mail Address	s peterlissarrague@miamibeachfl.gov					
f. Phone Number	(305)904	-7007	Ext.			
24. Lobbyist Contact Information						
a. Name	Jared Rosenstein					
b. Firm Name	Capital City Consulting LLC					
c. E-mail Address	jared@cccfla.com					
d. Phone Number	(786)247-8716					

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