



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1787

1. Project Title Miami-Dade County Supervisor of Elections Records Preservation and Restoration

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 12/8/2025

#### 4. Project/Program Description

Protection and access to the written history of Miami-Dade County. Records are stored in various locations and not backed up in the event of loss. Access is difficult or impossible, and the records are continuing to deteriorate. Preserving and restoring these records guarantees longevity and access for generations to come.

5. State Agency to receive requested funds Department of State

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

#### 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>200,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? No

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



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#### 10. Status of Construction

##### a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

##### b. Is the project "shovel ready" (i.e permitted)?

##### c. What is the estimated start date of construction?

##### d. What is the estimated completion date of construction?

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

#### 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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of equipment to digitize paper, microfiche, and microfilm elections records for preservation.	50,000
Consultants/Contracted Services/Study	Contracting with Vendor to Preserve and Restore physical records.	150,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

#### 13. Program Performance

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

Protection and access to the written history of Miami-Dade County. Records are stored in various locations and not backed up in the event of loss. Access is difficult or impossible, and the records are continuing to deteriorate. Preserving and restoring these records guarantee longevity and access for generations to come.

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

Preservation of paper, microfiche and microfilm election records including voter registration records. If such records are damaged or unavailable, it will be difficult to confirm eligibility to vote and records of elections in Miami-Dade County could be lost.



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

Preservation of paper, microfiche and microfilm election records including voter registration records. If such records are damaged or unavailable, it will be difficult to confirm eligibility to vote and records of elections in Miami-Dade County could be lost.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, jobless persons, economically disadvantaged persons, Grade school students, High school students, University/College students  
Currently or formerly incarcerated persons, Drug offenders (in criminal Justice), Victims of crime. Over 800 individuals.

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

Provide vital and necessary records for the Supervisor of Elections to function and protect the voting rights Miami-Dade County electors and history of Miami-Dade County. Contracting with a vendor to convert, preserve, access, and/or restore the physical, microfiche, and microfilm records of the Miami-Dade County Supervisor of Elections.

**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?**

If the agency fails to comply with the contract, the funds should be removed and the project will be canceled.

**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



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- ☐ Yes, Received
- ☐ 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.*