



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1834

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project enhances the security and reliability of Miami-Dade County's critical water and wastewater infrastructure. Funding will support improved access-control systems, expanded CCTV coverage, and strengthened perimeter security at treatment facilities, wellfields, and pump stations to prevent unauthorized access and system disruptions. These upgrades protect against service interruptions and environmental risks, ensuring continuous delivery of safe drinking water and reliable wastewater services for the community.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,000,000	60%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	5,000,000	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		

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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1834

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
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	The funds will be spent on acquiring and installing access control systems, expanding the CCTV network, perimeter security, deploying license tag verification at key facilities.	2,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

Funds will improve water and wastewater management by enhancing the security and reliability of critical infrastructure systems. Security upgrades—such as access controls, CCTV, and perimeter security—will prevent unauthorized access and damage to treatment facilities, wellfields, and pump stations, reducing the risk of service interruptions or environmental contamination. Ensuring the protection of our facilities is critical to maintaining the uninterrupted delivery of services.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1834

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

Activities and services will focus on enhancing security infrastructure and technology to safeguard the continuity of essential water and wastewater services. This includes strengthening facility access controls, expanding surveillance capabilities, and perimeter security.

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

The requested funds will provide Miami-Dade County WASD with the necessary tools to protect and prevent its infrastructure from threats, support first responders, and ensure the continuity of vital water and wastewater services. This project aligns with statewide priorities of public safety, infrastructure protection, and emergency preparedness.

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

Residents of Miami-Dade County, benefiting more than 2.8 million people, including the local community within the project area.

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

Outcome: Reduced incidents of unauthorized access, theft, vandalism, and unplanned operational shutdowns at water and wastewater facilities—ensuring uninterrupted service delivery, public safety, and environmental protection. Measurement: Year-over-year decreases in security breaches and service disruptions, along with reductions in unplanned shutdowns and emergency repair costs—tracked through operational, maintenance, financial, and compliance metrics.

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. 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:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1834

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

Please complete questions 17 through 21 for Water Projects only.

17. Have you been awarded or applied for alternative state funding for this project?

- ☐ Water Quality Improvement Grant Program
- ☐ Resilient Florida Grant Program
- ☐ Wastewater Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (please specify, ex. Alternative Water Supply Grants)
- ☒ N/A

18. What is the population economic status?

- ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)
- ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- ☐ Rural Area of Economic Concern
- ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- ☒ N/A

19. What is the status of construction?

N/A (purchase of equipment)

20. What percentage of the construction has been completed?

N/A (purchase of equipment)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1834

21. What is the estimated completion date of construction?

22. Requester Contact Information

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

23. 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.

24. Lobbyist Contact Information

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

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