



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1980

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Opa-locka has a dire need to enhance and improve its financial processes, city-wide and require technology for resolve. Conversion to a government based financial software is the outstanding catalyst for the City to provide accurate, timely and efficient financial reports to Department of Financial Services and stakeholders alike.

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	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	33%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	1,500,000	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		
2025-26	0	700,943	2160A	Yes

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)?

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		0
Consultants/Contracted Services/Study	ERP software and services to be provided by Tyler in conversion to a government based Finance software called Munis	1,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
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?

The City will convert its financial software to a modern government based program which will allow inter-departmental communication and connectivity. Timely reporting, analysis of data and efficient processing of needs across functions such as Accounts Payable, Debt Service, Budget and Human Resources will be achieved.

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

Personnel in each department will be trained to utilize this software, as applicable. Real time communication across departments will be enabled and facilitate in the deliverance of reliable reports.

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

There are no direct services that will be provided to citizens.



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

This software will be utilized by personnel in departments of Finance, Human Resources, Information Technology, Building and License, Code Compliance, Capital Improvement Programs and others as needed. The City has over 115 FTEs and each will, at minimum, benefit from access to a cohesive payroll portal.

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

The expected benefit is to improve the financial performance of the City. Production of financial reports, completion of cross departmental processes and seamless functions in comprehensive financial software. This will be measured by timely deliverance of financial reports leading up to complaint issuance of audit reports.

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 City fails to meet deliverables, performance measures, and/or completion of the project without a good reasoning, a penalty requiring reimbursement of appropriated funds received should be imposed with a 60-day celebrate notice.

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
- ☐ No



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☐ 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

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