

**LFIR # 2027** 

1. Project Title	Miami-Dade - Strategic Infrastr Project	ructure for Multi-Use Afford	dable Housing	
2. Senate Sponsor	Ana Maria Rodriguez			
3. Date of Request	12/11/2025			
4. Project/Program De	escription			
Funding will be utilize	les funding for the acquisition of c ed to construct the necessary utili roject that will benefit the commu	ities and infrastructure to s	support the developr	housing project. nent of a multi-use
5. State Agency to rec	ceive requested funds Dep	partment of Commerce		
State Agency conta	cted? No			
	ecurring Request for Fiscal Yea			ſ
Type of Funding		Amo		
Operating			3,000,000	
Fixed Capital Outlay  Total State Funds F			3,000,000 <b>3,000,000</b>	
-	or Fiscal Year 2026-2027 (includ	ding matching funds ava		ect)
Type of Funding		Amount	Percentage	
	equested (from question #6)	3,000,000	10%	
Matching Funds				
Federal		0	0%	
, ,	amount of this request)	0	0%	
Local		0	0%	
Other		27,000,000	90%	
<b>Total Project Costs</b>	for Fiscal Year 2026-2027	30,000,000	100%	
	eviously received state funding most recent instance:	? Yes		
Fiscal Year (vvvv-vv)	Amount Nonrocurring	Specific Appropriation #	Vetoed	

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2025-26	0	3,000,000	2112A	Yes

9.	ls	future-vear	fundina	likely to	be	requested?
9.	13	iutui e-yeai	rununng	iikeiy to	ne	requesteu:

Yes

a. If yes, indicate nonrecurring amount per year.

3,000,000

b. Describe the source of funding that can be used in lieu of state funding.

Local fundraising

### Complete questions 10 and 11 for Fixed Capital Outlay Projects



**LFIR # 2027** 

10. Status of	f Construction	1					
a. What i	s the current p	hase of the	project?				
O Plar	nning 🔘 🗅	Design	<ul><li>Construction</li></ul>	O N/A			
b. Is the	project "shove	el ready" (i.e	permitted)?		Yes		
c. What i	s the estimate	d start date	of construction?		01/01/2023		
d. What i	s the estimate	d completio	n date of constru	ction?	01/01/2027		
e. What t	unding stream	n will be use	d for ongoing ope	rations a	nd maintenance o	f the project?	?
Local fu	ndraising.						
			eceive, directly or of the facility and		/, any fixed capita /.	l outlay fund	ing. Include the
The ow	nership of the f	acility will be	under the local go	vernment.			

### 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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Design and Construction of Utilities and Transportation	3,000,000
Total State Funds Requested (m	nust equal total from question #6)	3,000,000

### 13. Program Performance

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

Funding for the acquisition of critical infrastructure for a multi-use affordable housing project. Funding will be utilized to construct necessary utilities and infrastructure to help with the development of a multi-use affordable housing project that will benefit the community both socially and economically.

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

Affordable Housing Development

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



**LFIR # 2027** 

The Infrastructure improvements will allow for the preparation of development of affordable and workforce housing	າg.
d. Who is the target population served by this project? How many individuals are expected to be served?	
Elderly persons and economically disadvantaged persons.	
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome	ne will
be measured?	
The benefits including enriching cultural experience and increasing and improving economic activity. Measurable for each aspect of the multi-use project will be established before the project is complete, including—but not limit to—the number of jobs created, average wages for those jobs, and the amount of private investment to start businesses.	goals d
f. What are the suggested penalties that the contracting agency may consider in addition to its standard p	enalti
for failing to meet deliverables or performance measures provided for in the contract?	
Failure to meet deliverables will result in non-payment or repayment of appropriated 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. 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	
□ No, but intends to apply	



LFIR # 2027

a. If yes, specify the Commerce):	e progran	າ and state ageເ	ncy (ex. Loca	al Governmen	t Emergenc
Requester Contac	t Informat	ion			
. First Name	Raul		Last Name	Rodriguez	
o. Organization	CREI Ho	ldings			
. E-mail Address	raul@cre	iholdings.com			
. Phone Number	(305)479	-3471	Ext.		
ecipient Contact	Information	on			
ı. Organization	Miami-Da	ade County			
Municipality and	d County	Miami-Dade			
Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
. First Name	Giovanny	/	Last Name	Motoa	
E-mail Address	gmotoa@	creiholdings.co	m		
. Phone Number	(305)397	-4507	Ext.		
obbyist Contact I	nformatio	n			
. Name	Carlos T	rujillo			
o. Firm Name	Continer	ntal Strategy			
c. E-mail Address	ctrujillo@	continentalstrate	egy.com		
d. Phone Number	(850)999	-8468			

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