

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1052

| 1. Project Title | City of Miami - T | raffic Calming an | d Pedestrian Safety Pr | ogram Phase 2 | |
|----------------------------|----------------------|-------------------|--|----------------------|-------------------|
| 2. Senate Sponsor | Ileana Garcia | | | | |
| 3. Date of Request | 01/25/2023 | | | | |
| 4. Project/Program De | escription | | | | |
| acceptable devices) | in the City of Miami | District 4. These | fic calming devices (spe e improvements will inc sidential neighborhoods | rease pedestrian sa | fety providing an |
| 5. State Agency to red | ceive requested fu | nds Depart | tment of Transportation | | |
| State Agency conta | ncted? No | | | | |
| 6. Amount of the Noni | recurring Request | for Fiscal Year | 2023-2024 | | |
| | | | | |] |
| Type of Funding Operations | | | Amo | ount O | |
| Fixed Capital Outlay | , | | | 2,000,000 | |
| Total State Funds I | | | | 2,000,000 | |
| | | | | , , | |
| 7. Total Project Cost f | or Fiscal Year 202 | 3-2024 (includin | g matching funds ava | ilable for this proj | ect) |
| Type of Funding | | | Amount | Percentage | |
| Total State Funds R | equested (from que | stion #6) | 2,000,000 | 77% | |
| Matching Funds | | T | | | |
| Federal | | | 0 | 0% | |
| State (excluding the | amount of this requ | iest) | 0 | 0% | |
| Local | | | 594,841 | 23% | |
| Other | | | 0 | 0% | |
| Total Project Costs | for Fiscal Year 20 | 23-2024 | 2,594,841 | 100% | |
| 8. Has this project pro | eviously received s | state funding? | No | | |
| Fiscal Year | Amo | nunt | Specific | Vetoed | |
| (yyyy-yy) | Recurring | Nonrecurring | | Veloca | |
| | g | | | | |
| | | | | | ı |
| 9. Is future funding lik | cely to be requeste | ed? | No | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | | | |
| h Describe the sou | irce of funding the | t can be used in | n lieu of state funding | | - |
| b. Describe the 500 | aros or runumy the | t can be used II | i neu or state funding | • | 1 |
| | | | | | |
| 10. Has the entity req | uesting this projec | t received any f | ederal assistance rela | ated to the COVID- | 19 pandemic? |
| Yes | | • | | | • |

If yes, indicate the amount of funds received and what the funds were used for.



11. Status of Construction

1

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| - \$137M AF | RPA funds | Funds are | bing | used to | fund | variety | of p | rojects | for I | T, H | ousing, | Busin | ess |
|-------------|-----------|-------------------------------|------|---------|------|---------|------|---------|-------|------|---------|-------|-----|
| assistance, | Community | Projects, | etc. | | | - | - | - | | | _ | | |
| | | | | | | | | | | | | | |

- \$10M was used to help residents in form of grocery gift cards and local business assistance

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project? | | | | | |
|--|-----------------|-------------------------------|-------------|--|--|
| OPlanning | | Construction | | | |
| b. Is the project | t "shovel ready | v" (i.e permitted)? | No | | |
| c. What is the e | stimated start | date of construction? | Spring 2023 | | |
| d. What is the e | stimated comp | oletion date of construction? | Summer 2023 | | |
| 2. 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. | | | | | |

13. Details on how the requested state funds will be expended

City of Miami, a Municipal Operation

| 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: Other | | | | | |
| 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 | This project includes the construction of traffic calming devices (speed tables, speed humps or other acceptable devices). Funds will be used to pay for the design, construction and administration. | 2,000,000 | | | |
| Total State Funds Requested (must equal total from question #6) 2,000 | | | | | |

14. Program Performance

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

These improvements will increase pedestrian safety providing and increasing safe routes to nearby schools and parks in residential neighborhoods by reducing vehicular speeds and cut-through traffic.

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



15.

16.

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These devices will increase pedestrian safety and provide safe routes to schools and parks in residential neighborhoods by reducing vehicular speeds and cut-through traffic.

| c. What direct ser | vices will be provided to | citizens by t | he appropriation project | ? | |
|---|--|----------------------------------|---|---|--|
| None | | | | | |
| d. Who is the targ | et population served by t | this project? | How many individuals a | re expected to be served? | |
| City of Miami resi | dents in District 4 that are a | affected by un | safe vehicular traffic condi | tions. Estimated individuals ~ 1000 | |
| - | ected benefit or outcome | of this proj | ect? What is the methodo | ology by which this outcome will | |
| be measured? | | | | | |
| These devices will traffic. The City will | ll increase pedestrian safet Il measure reduction of veh | y in residentia icular volume | al neighborhoods by reduci and speed through a pre | ng vehicular speeds and cut-through and post construction study. | |
| | •• | | | n addition to its standard penalties | |
| for failing to meet | deliverables or performa | ance measur | es provided for the contr | act? | |
| Failure to meet de of the audit the Cit | eliverables or performance y could be liable for sanction | measures shons up to revo | ould subject the City to an ocation of funding. | audit and depending on the results | |
| Requester Contac | t Information | | | | |
| a. First Name | Arthur (Art) | Last Name | Noriega | | |
| b. Organization | City of Miami, City Manager | | | | |
| c. E-mail Address | anoriega@miamigov.com | | | | |
| d. Phone Number | (305)416-1025 | Ext. | | | |
| Recipient Contact | Information | | | | |
| a. Organization | City of Miami | | | | |
| b. Municipality and | d County Miami-Dade | | | | |
| c. Organization Ty | pe | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(d | c)(3) | | | | |
| □Non Profit 501(d | c)(4) | | | | |
| □Local Entity | | | | | |
| □University or Co | ollege | | | | |
| ☑Other (please s | pecify) Local Government | | | | |
| d. First Name | Hector | Last Name | Badia | | |
| e. E-mail Address | HBadia@miamigov.com | | | | |
| f. Phone Number | (305)416-1236 | | | | |

17. Lobbyist Contact Information



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| a. Name | Max Steven Losner |
|-------------------|---------------------------|
| b. Firm Name | Becker & Poliakoff PA |
| c. E-mail Address | mlosner@beckerlawyers.com |
| d. Phone Number | (305)878-2090 |