



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3454

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Design and construction of multipurpose field and green spaces, that includes artificial turf, drainage system, lighting and pavilions.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,000,000
<b>Total State Funds Requested</b>	<b>4,000,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,000,000	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 2024-2025</b>	<b>4,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	0		No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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



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- \$137M ARPA funds - Funds are being used to fund variety of projects for IT, Housing, Business 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

### 11. 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)?

No

c. What is the estimated start date of construction?

Summer of 2025

d. What is the estimated completion date of construction?

Winter of 2026

12. 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.

City of Miami

### 13. 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	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The project scope is development of green spaces, drainage improvements and seawall replacement.	4,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,000,000</b>

### 14. Program Performance

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

Development of new park area for community living in the area, and management of water runoff via new drainage improvements system.

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

Design and construction of new park area to include green spaces and new drainage system.



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

current and expanded parks services

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

The residents of Zip code 33130 are the target population. This project is expected to serve approximately 13,000 individuals.

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

Improved physical health of residents and improved storm water management are the expected benefits of this project. These outcomes can be measured by surveying park users as to benefits of park improvements.

**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 the contract?**

reimbursement of funds to the state

**15. Requester Contact Information**

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

**16. 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**

**17. Lobbyist Contact Information**

**a. Name**



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<b>b. Firm Name</b>	<input type="text" value="Ronald L. Book PA"/>
<b>c. E-mail Address</b>	<input type="text" value="ron@rlbookpa.com"/>
<b>d. Phone Number</b>	<input type="text" value="(305)935-1866"/>