



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1211

1. **Title of Project:** Miami Gardens Canal Erosion Protection Project

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/23/2019

4. **Project/Program Description:**

This is a stormwater project to address property erosion at an area that water flow bottle-necks from one lake to another causing erosion as water travels to major canals to discharge away from the community. This project will provide a type of seawall or bulkhead to include backfilling what has been lost from the properties.

5. **State Agency to receive requested funds :** Department of Environmental Protection

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	30,000
<b>Total State Funds Requested</b>	<b>30,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	30,000	6.98%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local	400,000	93.02%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>430,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No

10. **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		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning	N/A	30,000
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>30,000</b>

**11. Program Performance:**

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**  
To stop the erosion problem and backfill the property lost from past erosion.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**  
Provide the bulkhead/seawall and backfill the property.
- c. **What are the direct services to be provided to citizens by the appropriations project?**  
Give the citizen the property that was eroded by stormwater flow along the shoreline.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**  
Financially Disadvantaged community. Individuals to be served are between 51-100.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**  
Improve stormwater management, improve groundwater quality, enhance/preserve/improve environmental or fish and wildlife quality, protect the general public from harm due to flooding by loosing property and create specific immediate job opportunities. Dredging the soil in the canal and being able to build the property back to as close as possible with new fill.
- 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?**  
Time to complete the project per contract/bid.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of Miami Gardens/Miami-Dade County/Property Owner

**13. Requestor Contact Information:**

- a. **Name:** Tom Ruiz
- b. **Organization:** City of Miami Gardens



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c. **E-mail Address:** truíz@miamigardens-fl.gov

d. **Phone Number:** (786)279-1260

#### 14. Recipient Contact Information:

a. **Organization:** City of Miami Gardens

b. **County:** Miami-Dade

c. **Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Tom Ruiz

e. **E-mail Address:** truíz@miamigardens-fl.gov

f. **Phone Number:** (786)279-1260

#### 15. Lobbyist Contact Information

a. **Name:** Yolanda Cash Jackson

b. **Firm Name:** Becker & Poliakoff

c. **E-mail Address:** YJACKSON@bplegal.com

d. **Phone Number:** (954)987-7550

#### Please complete the questions below for Water Projects only

#### 16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

#### 17. 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

#### 18. What is the status of construction? Not Constructed to date but budgeted



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**19. What percentage of construction has been completed?** 0%

**20. What is the estimated completion date of construction?** 02/15/2020