

The Florida Senate Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1325

i. Project Title	Miami Gardens	Lesile Estates #	ruau & D	alliage Proje	Cl		
2. Senate Sponsor	Shevrin Jones						
3. Date of Request	02/04/2021						
4. Project/Program D	escription						
	•		- I.P		·		
	ge and Road Improv		- adding und	erground dra	inage structure to r	ninimize flooding.	
5. State Agency to re	ceive requested fu	inds Depai	rtment of En	vironmental P	rotection		
State Agency conta	acted? No						
. Amount of the Non	recurring Request	for Fiscal Yea	r 2021-2022				
Type of Funding				Amo	unt]	
Operations				0			
Fixed Capital Outlay	/				500,000		
Total State Funds	Requested				500,000		
. Total Project Cost f	or Fiscal Year 202	1-2022 (includ	ing matchin	ıg funds avai	lable for this proi	ect)	
Type of Funding		,	Amo		Percentage	,	
Total State Funds R	tequested (from que	estion #6)		500,000	33%	-	
Matching Funds				, , , , , , , , , , , , , , , , , , , ,			
Federal				0	0%		
State (excluding the amount of this request)				0	0%		
Local			1,000,000		67%		
Other				0	0%		
Total Project Costs	s for Fiscal Year 20	021-2022		1,500,000	100%		
s. Has this project pr	eviously received	state funding?	No				
Fiscal Year Amount		S	pecific	Vetoed			
(уууу-уу)	Recurring	Nonrecurrir	ng Appro	priation #			
. Is future funding li	kely to be request:	2d?	No				
_	-		110			1	
a. If yes, indicate n	onrecurring amou	int per year.]	
b. Describe the so	urce of funding tha	at can be used	in lieu of st	ate funding.			
O Hao the cutitures	wooting this music	o4 roooliyad s:	u fodoval sa	olotones vels	ted to the COVID	40 nandaia0	
0. Has the entity req	uesting this proje	ct received any	y rederal as:	sistance rela	ted to the COVID-	is pandemic?	
No							
If yes, indicate the	amount of funds	received and v	vhat the fun	ds were use	d for.		
]	
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11. 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: 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	Stormwater Drainage and Road Improvement Project - adding underground drainage structure to minimize flooding.	500,000			
Total State Funds Requested (must equal total from question #6) 500,0					

12. Program Performance

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

This project involves a drainage and road improvement project and its goal is to minimize the existing flooding problems in the community of Leslie Estates #4.

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

Install underground drainage structures to minimize the flooding and re-construct the dilapidated existing roads through the community.

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

None other than the project itself.

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

250

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

Minimizing the flooding issues in the area. It will be measured by the before and after rain event scenario with the previous flooding areas

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?

Not Meeting the sharing funds - State to Withhold Share

13. 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.

The City with the residents' needs.



d. Phone Number (954)985-4132

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14.	14. Requestor Contact Information						
	a. First Name	O.Tom		Last Name	Ruiz		
	b. Organization	City of M	Miami Gardens				
	c. E-mail Address	truiz@miamigardens-fl.gov					
	d. Phone Number	(786)279-1260 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	Organization City of Miami Gardens					
b. Municipality and County Miami-Dade							
	c. Organization Type						
	□For Profit Entity						
	□Non Profit 501(c)(3)						
	□Non Profit 501(d	Non Profit 501(c)(4)					
	☑Local Entity	1					
	□University or College						
	□Other (please specify)						
	d. First Name	Yolanda		Last Name	Jackson		
	e. E-mail Address yjackson@beckerlawyers.com						
	f. Phone Number	(954)985-4132					
16.	16. Lobbyist Contact Information						
	a. Name	Yolanda Cash Jackson					
	b. Firm Name Becker & Poliakoff PA						
c. E-mail Address yjackson@beckerlawyers.com							



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Please complete the questions below for Water Projects only.

17. Have you applied for alternative state funding?
□ Waste Water Revolving Loan
☐ Drinking Water Revolving Loan
☐ Small Community Wastewater Treatment Grant
☐ Other (please specify)
☑ N/A
18. 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
19. What is the status of construction?
Not ready
20. What percentage of the construction has been completed?
0%
21. What is the estimated completion date of construction?
00/20/2021