

LFIR # 2015

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|--|--|-----------------------|---|-----------------------|--------------------|--|
| 1. Project Title | Opa-locka Canal Improveme | nt Proje | ect | | | |
| 2. Senate Sponsor | Shevrin Jones | | | | | |
| 3. Date of Request | 01/05/2022 | | | | | |
| 4. Project/Program De | escription | | | | | |
| Canal has progressi uneven and present | et canal does not comply with rove bank erosion which is alreads a health hazard. The existing ne threat to their property and p | ly impad condition | cting the adjacent priv on of the Canal bank | /ate properties. The | bank is very sharp | |
| 5. State Agency to red | ceive requested funds | epartm | ent of Environmental | Protection | | |
| State Agency conta | cted? No | | | | | |
| 6. Amount of the Noni | ecurring Request for Fiscal \ | 'ear 20 | 22-2023 | | | |
| Type of Funding | | | Amo | unt | | |
| Operations | | | | 0 | | |
| Fixed Capital Outlay | | | | 7,199,000 | 1 | |
| Total State Funds F | Requested | | 7,199,000 | | | |
| 7. Total Project Cost f | or Fiscal Year 2022-2023 (incl | uding | matching funds ava | ilable for this proje | ect) | |
| Type of Funding | | | Amount | Percentage | 1 | |
| | equested (from question #6) | | 7,199,000 | 100% | 1 | |
| Matching Funds | | | _ | | 1 | |
| Federal | | | 0 | 0% | 1 | |
| • | amount of this request) | | 0 | 0% | 1 | |
| Local | | | 0 | 0% | 1 | |
| Other Total Project Costs | for Fiscal Year 2022-2023 | | 7, 199,000 | 0% 100% | | |
| | | | 1,100,000 | 10070 | | |
| 8. Has this project pro | eviously received state fundir | ng? | No | | | |
| Fiscal Year | Amount | | Specific | Vetoed | 1 | |
| (уууу-уу) | Recurring Nonrecu | rring | Appropriation # | | | |
| | | | | | | |
| 9. Is future funding lik | cely to be requested? | | No | | | |
| a. If ves. indicate n | onrecurring amount per year. | | | | | |
| - | | | | | | |
| b. Describe the sol | rce of funding that can be us | ed in l | eu of state funding. | 1 | ı | |
| | | | | | I | |
| 10 Has the entity reg | uesting this project received | anv fer | leral assistance rela | ated to the COVID- | 19 nandemic? | |
| | assaming and project received | y 100 | | | . o pariacimo: | |
| Yes | | | | | | |
| If yes, indicate the | amount of funds received an | d what | the funds were use | d for. | | |



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- 1.) Department of Treasury = American Rescue Plan \$3,978,531 (directly to the City through State from federal funds) Coronavirus Local Fiscal Recovery
- 2. Department of Justice = CARES Act \$84,741 (directly to the City, federal funds) BJA FY20 Coronavirus 2020-VD-BX-1836
- 3. Department of Treasury = CARES Act for Programs \$2,099,999.98 (pass through to the City from the County, federal funds)
- 4. Department of Treasury=CARES Act for Operating Reimbursements \$2,002,093.09

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 | The Burlington Street canal does not comply with required slope per South Florida Water Management District criteria. The Canal has progressive bank erosion which is already impacting the adjacent private properties. The bank is very sharp and uneven and presents a health hazard. The existing condition of the Canal bank has deteriorated as residents are complaining about the threat to their property and public safety. | 7,199,000 | | |
| Total State Funds Requested (m | ust equal total from question #6) | 7,199,000 | | |

12. Program Performance

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

The prevention of further erosion to the banks of the canal, and damage to private property.

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

Dredging of the canal floor and restoration restoration/stabilization of the banks.

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

Improved surface water quality, and the stabilization of erosion to private property.

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

The residents of Opa-locka, and more so those that reside along the canal banks.

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



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| f. What are the suggested penalties that the contracting agency may consider in addition to its sta | ndard penaltie | es: |
|---|-----------------|-----|
| Improved TMDL | | _ |
| | | |
| | LI II (// 2010 | 4 |

Daily assessed liquidated damages.

| 13. | The owners of the facility to receive, directly o | or indirectly, any | y fixed capital o | outlay funding. | Include the |
|-----|---|--------------------|-------------------|-----------------|-------------|
| | relationship between the owners of the facility | | | , | |

for failing to meet deliverables or performance measures provided for the contract?

| N/A | | |
|-----|--|--|
| | | |
| | | |
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| 14 | 14. Requestor Contact Information | | | | | |
|----|-----------------------------------|-------------|---------------|-----------|------|--|
| | a. First Name | John | | Last Name | Pate | |
| | b. Organization | City of O | oa-locka | | | |
| | c. E-mail Address | Jpate@o | palockafl.gov | | | |
| | d. Phone Number | (305)953 | -2821 | Ext. | | |
| 15 | . Recipient Contact | Information | on | | | |
| | a. Organization | City of O | oa-locka | | | |
| | b. Municipality and | l County | Miami-Dade | | | |
| | c. Organization Ty | pe | | | | |
| | □For Profit Entity | | | | | |
| | □Non Profit 501(c | :)(3) | | | | |
| | □Non Profit 501(c | :)(4) | | | | |
| | ☑Local Entity | | | | | |
| | □University or Co | llege | | | | |
| | □Other (please sp | pecify) | | | | |
| | d. First Name | John | | Last Name | Pate | |
| | e. E-mail Address | Jpate@o | palockafl.gov | | | |
| | f. Phone Number | | | | | |
| 16 | 16. Lobbyist Contact Information | | | | | |
| | a. Name | None | | | | |
| | b. Firm Name | None | | | | |
| | c. E-mail Address | S | | | | |
| | d. Phone Number | | | | | |



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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? |
| | In planning and design phase |
| 20. | What percentage of the construction has been completed? |
| | 54% |
| 21. | What is the estimated completion date of construction? |
| | 2/2/2023 |