

LFIR # 1780

1.	Project Title	Miami Dade County GOULD'S REDUCE & PREVENT POLL	S CANAL FILLII UTION	ng and re	ESTORATION TO		
2.	Senate Sponsor	Alexis Calatayud					
3.	Date of Request	2/12/2025					
1	Project/Program De	escription					
4.		•	ce of pollution t	n Riscavne	Ray If funded the r	project will prevent	
	Land uses surrounding the Goulds Canal are a source of pollution to Biscayne Bay. If funded, the project will prevent contaminants from being drawn into the Goulds Canal, the adjacent L-31E canal and the Comprehensive Everglades Restoration Plan (CERP) Biscayne Bay Coastal Wetlands S-705 pump station project. The Goulds Canal filling will directly limit nutrients from traveling into Biscayne Bay Aquatic Preserves and Biscayne National Park. The project aligns with SFWMD's goals for CERP. The SFWMD and Miami-Dade County permits have already been issued for the construction of the entire length of the canal (3,220 ft) to be filled. The FDEP and USACE permits are soon to be submitted. Project completion will take up to 3 years with post-construction water quality monitoring conducted for a period of 3 years to corroborate hydrological restoration.						
5.	State Agency to red	ceive requested funds De	partment of Env	vironmental	Protection		
	State Agency conta	ected? Yes					
6.	Amount of the Noni	recurring Request for Fiscal Ye	ear 2025-2026				
	Type of Funding			Amo	_		
	Operating			0			
	Fixed Capital Outlay			2,750,000			
	Total State Funds Requested 2,750,000						
	Total State Funds I	Requested			2,750,000		
		Requested or Fiscal Year 2025-2026 (inclu	ding matching	g funds ava		ect)	
	Total Project Cost f	or Fiscal Year 2025-2026 (inclu	ding matching	unt	ilable for this proje	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R				ilable for this proje	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds	or Fiscal Year 2025-2026 (inclu		unt 2,750,000	Percentage	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	or Fiscal Year 2025-2026 (inclued) equested (from question #6)		unt 2,750,000	Percentage 50%	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the	or Fiscal Year 2025-2026 (inclu		unt 2,750,000 0	Percentage 50% 0%	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	or Fiscal Year 2025-2026 (inclued) equested (from question #6)		unt 2,750,000 0 2,750,000	Percentage 50% 0% 50%	ect)	
7. '	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	or Fiscal Year 2025-2026 (inclued) equested (from question #6) amount of this request)		unt 2,750,000 0 0 2,750,000 0	Percentage 50% 0% 0% 50% 0%	ect)	
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7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prediction of the project projec	or Fiscal Year 2025-2026 (inclued equested (from question #6) amount of this request) s for Fiscal Year 2025-2026 eviously received state funding	Amor	unt 2,750,000 0 2,750,000 0 5,500,000	Percentage 50% 0% 0% 50% 0%	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	equested (from question #6) amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance:	Amor	unt 2,750,000 0 0 2,750,000 0 5,500,000	Percentage 50% 0% 0% 50% 100%	ect)	
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7. `	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the fiscal Year (yyyy-yy)	equested (from question #6) amount of this request) afor Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount	Amor	unt 2,750,000 0 2,750,000 0 5,500,000	Percentage 50% 0% 0% 50% 100%	ect)	
7. `	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the fiscal Year (уууу-уу) Is future-year funding	equested (from question #6) amount of this request) arrows for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecure	Amor	unt 2,750,000 0 2,750,000 0 5,500,000	Percentage 50% 0% 0% 50% 100%	ect)	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Status of Construction a. What is the current phas	se of the project?		
○ Planning	gn Construction O	N/A	
b. Is the project "shovel re	ady" (i.e permitted)?	No	
c. What is the estimated st	art date of construction?	12/31/2025	
d. What is the estimated co	ompletion date of construction	12/31/2026	
e. What funding stream wi	Il be used for ongoing operation	ons and maintenance	of the project?
Local government funds wi	Il be used for operations and ma	intenance.	
	ility to receive, directly or indi owners of the facility and the		al outlay funding. Include the
Miami-Dade County			

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The requested funding will be spent on construction of the canal filling project	2,750,000
Total State Funds Requested (m	ust equal total from question #6)	2,750,000

13. Program Performance

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



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Land uses surrounding the Goulds Canal are a source of pollution to Biscayne Bay. If funded, the project will prevent contaminants from being drawn into the Goulds Canal, the adjacent L-31E canal and the Comprehensive Everglades Restoration Plan (CERP) Biscayne Bay Coastal Wetlands S-705 pump station project. The Goulds Canal filling will directly limit nutrients from traveling into Biscayne Bay Aquatic Preserves and Biscayne National Park. The project aligns

C	with SFWMD's goals for CERP. The SFWMD and Miami-Dade County permits have already been issued for the construction of the entire length of the canal (3,220 ft) to be filled. The FDEP and USACE permits are soon to be ubmitted. Project completion will take up to 3 years with post-construction water quality monitoring conducted for a seriod of 3 years to corroborate hydrological restoration.
b.	. What activities and services will be provided to meet the intended purpose of these funds?
٦	The project will hydrologically disconnect Goulds Canal to largely eliminate pollution being received by Biscayne Bay.
c.	. What direct services will be provided to citizens by the appropriation project?
7	The general public will be served by this project by way of improving water quality in Biscayne Bay.
d.	. Who is the target population served by this project? How many individuals are expected to be served?
7	The project area encompasses southern Miami-Dade County but will serve all users of Biscayne Bay will benefit.
	. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will e measured?
	Water quality in Biscayne Bay will be improved following the hydrological improvement involved in filling a portion of the Goulds Canal and reducing the amount of pollution reaching Biscayne Bay.
	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties or failing to meet deliverables or performance measures provided for in the contract?
F	Failure to meet deliverables will result in nonpayment.
4. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	If Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	If yes, provide the FEMA project worksheet ID#:
b. F	Provide the total project cost listed on the FEMA project worksheet:



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6. Has the entity applied for or received state assistance for	this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to apply	
a. If yes, specify the program and state agency (ex. Local Commerce):	Government Emergency Bridge Loan, Departmer
Please complete questions 17 through 21 fo	•
7. Have you been awarded or applied for alternative state fur	nding for this project?
☐ Water Quality Improvement Grant Program	
□ Resilient Florida Grant Program	
☐ Wastewater Revolving Loan	
☐ Drinking Water Revolving Loan	
☐ Small Community Wastewater Treatment Grant	
☐ Other (please specify, ex. Alternative Water Supply Grant	es)
☑ N/A	
3. 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	
9. What is the status of construction?	
N/A	
0. What percentage of the construction has been completed	?
N/A	
1. What is the estimated completion date of construction?	12/31/2026



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22.	22. Requester Contact Information					
	a. First Name	Lourdes		Last Name	Gomez	
	b. Organization	Miami-Da Resource		rtment of Re	gulatory and Economic	
	c. E-mail Address	Lourdes.	Gomez@miamid	lade.gov		
	d. Phone Number	(305)375	-2886	Ext.		
23.	Recipient Contact	Information	on			
	a. Organization	Miami Dade County				
	b. Municipality and	d County	Miami-Dade			
	c. Organization Ty	ре				
	□For Profit Entity					
	□Non Profit 501(c	:)(3)				
	□Non Profit 501(c	:)(4)				
	☑Local Entity					
	□University or Co	ollege				
	□Other (please specify)					
	d. First Name	Rashid		Last Name	Istambouli	
e. E-mail Address Rashid.Istambouli@miamidade.gov						
	f. Phone Number	(305)372	-6754	Ext.		
24. Lobbyist Contact Information						
	a. Name	Jess M. McCarty				
	b. Firm Name					
	c. E-mail Address	jmm2@miamidade.gov				
	d. Phone Number	(305)979-7110				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.