

LFIR # 1802

1. Project Title	South Miami Culvert Replacement
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2. Senate Sponsor Alexis Calatayud

3. Date of Request 2/14/2025

#### 4. Project/Program Description

A routine inspection revealed extensive corrosion throughout the length of the culvert located at 64th Ct within the Twin Lakes Canal in South Miami. The corrosion poses a serious risk to the structural integrity of the infrastructure. Findings indicated that the culvert could become unstable under vehicle loads, threatening the safety of residents and first responders. As a result, the inspection recommended the installation of vehicle weight restriction signs, which were implemented on September 2, 2021.

The replacement of this culvert is critical not only for regular access to the area, but also for ensuring that the Twin Lakes Canal remains accessible in the event of emergencies. The current deteriorating condition of the culvert presents an immediate risk to public safety, and the completion of this project is essential to guarantee that emergency vehicles, residents, and first responders can traverse the area without obstruction or risk of further structural failure.

#### 5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	900,000
Total State Funds Requested	900,000

### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	900,000	45%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,100,000	55%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	100%

## 8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year			Specific	Vetoed
(уууу-уу)			Appropriation #	

### 9. Is future-year funding likely to be requested?

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N

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



## **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

## **10. 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)?		Yes

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?
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e. What funding stream will be used for ongoing operations and maintenance of the project?

City's general fund budget

# 11. 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.

11/24/2025

04/30/2026

The City of South Miami

### 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 funds will serve to replace in-kind the structurally deficient corrugated metal pipe (CMP) culvert located at SW 64th Ct. within the Twin Lakes Canal and repair the deep erosion which shows that the edge of the limestone in cantilever at the bottom of the north abutment of Bridge #875400 located at SW 63ct north of SW 62nd Ave located in South Miami, Florida.	900,000
Total State Funds Requested (m	ust equal total from question #6)	900,000

### 13. Program Performance

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



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

The City will oversee design firm and construction company to deliver the project.

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

Area and City residents will receive a safe and functioning roadway system for daily transportation needs and recreational purposes.

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

Residents of the immediate area will benefit the most due to their proximity to the bridge. However, it is also expected all City residents and visitors will benefit from the improved roadway system. It is also important to highlight that since access is limited to waterways, having this access point is critical for repair. Approximately 82 households are in the immediate area.

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

#### be measured?

The project will repair a failed culvert and roadway. This will allow safe transportation and access for area residents and citizens of the City at-large. The plan will be permitted and inspected by various permitting agencies ensuring compliance with all necessary requirements. Construction shall be overseen by engineer on record.

### 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?

City contracts include performance, standards, and conditions for curing performance issue. Additionally, liquidated damages are also within the City's purview.

#### 14. Is this project related to mitigation, response, or recovery from a natural disaster? No

#### a. 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. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

#### 15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received

□ No

□ No, but intends to apply

#### a. If yes, provide the FEMA project worksheet ID#:



### b. Provide the total project cost listed on the FEMA project worksheet:

16. 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 Government Emergency Bridge Loan, Department of Commerce):

## Please complete questions 17 through 21 for Water Projects only.

#### 17. Have you been awarded or applied for alternative state funding 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 Grants)
- ☑ 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?

Design is complete. Project must be bid prior to start of construction.

## 20. What percentage of the construction has been completed?



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0					
21. What is the estim	ated comp	eletion date of c	onstruction?	04/30/2026	
22. Requester Contac		ion	]		7
a. First Name	Genaro		Last Name Igl	esias	]
b. Organization	City of So	outh Miami			
c. E-mail Address	CityMana	ager@southmiam	nifl.gov		
d. Phone Number	(305)668	-2510	Ext.		
23. Recipient Contact	Information	on			
a. Organization	City of So	outh Miami			
b. Municipality an	d 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	ollege				
□Other (please s	pecify)				
d. First Name	Genaro		Last Name Igl	esias	]
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f. Phone Number	(305)668	-2515	Ext.		
24. Lobbyist Contact	Informatio	'n			
a. Name	Heather	L. Turnbull			
b. Firm Name	Rubin, T	urnbull & Associa	ates		
c. E-mail Address	heather@	Prubinturnbull.co	m		
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.