

LFIR # 1804

1.	Project Title	Pinecrest - Road Resurfacing							
2.	Senate Sponsor	Alexis Calatayud							
3.	Date of Request	2/14/2025							
4.	4. Project/Program Description								
The project entails the milling and resurfacing of approximately one mile of roads within the Village of Pinecres addresses concerns over the disintegration of roads that may lead to safety hazards.									
5.	. State Agency to receive requested funds Department of Transportation								
	State Agency contacted? No								
6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026									
	Type of Funding				Amo	unt			
	Operating					0	_		
	Fixed Capital Outlay					750,000	1		
	Total State Funds R	equested				750,000			
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (includ	ing r	matching funds ava	ilable for this proj	ect)		
	Type of Funding				Amount	Percentage			
	Total State Funds Re	equested (from que	stion #6)		750,000	67%			
Matching Funds									
	Federal				0	0%	1		
	•	e (excluding the amount of this request)			0	0%	1		
	Local				375,000	33%	1		
	Other				0	0%	1		
	Total Project Costs	for Fiscal Year 20	25-2026		1,125,000	100%			
8. Has this project previously received state funding? If yes, provide the most recent instance:									
	Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurrir	าต	Specific Appropriation #	Vetoed			
				3					
9. Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.									
b. Describe the source of funding that can be used in lieu of state funding.									
							1		

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of	the project?							
Planning • Design	○ Construction ○ N/	Α						
b. Is the project "shovel ready'	(i.e permitted)?	No						
c. What is the estimated start of	c. What is the estimated start date of construction? d. What is the estimated completion date of construction? 9/30/2026							
d. What is the estimated comp								
e. What funding stream will be	used for ongoing operations	s and maintenance of the proje	ct?					
Funding will be provided from the	ne Pinecrest General Fund and	d Transportation Fund.						
11. List the owners of the facility relationship between the own The Village of Pinecrest is the	ers of the facility and the en	ctly, any fixed capital outlay fu tity.	nding. Include the					
12. Details on how the requested	state funds will be expended		Amount					
Spending Category Administrative Costs:		Description	Amount					
Executive Director/Project Head Salary and Benefits			(
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies Other	′							
Consultants/Contracted Services/Study			(
Operational Costs								
Salary and Benefits								
Expense/Equipment/Travel/Supplies Other	′							
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Ma	Fixed Capital Construction/Major Renovation:							
Construction/Renovation/Land/ Planning Engineering	onstruction/Renovation/Land/ The project entails the milling and resurfacing of approximately one							
Total State Funds Requested (750,000					
13. Program Performance a. What specific purpose or g	oal will be achieved by the f	unds requested?						
It addresses concerns over the	It addresses concerns over the disintegration of roads that may lead to safety hazards.							
b. What activities and services will be provided to meet the intended purpose of these funds? The project entails the milling and resurfacing of approximately one mile of roads.								
							c. What direct services will be	
This project will provide safe streets free of hazards.								



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It will directly serve the residents of the Village of Pinecrest that live adjacent to the road; however, it will indirectly serve all residents of Pinecrest and drivers of Miami-Dade County.

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

It addresses concerns over the disintegration of roads that may lead to safety hazards. The outcome will be measured by

the adherence to specifications for the construction of roads. 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? Any deemed appropriate. 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#:

16. Has the entity applied for or received state assistance for this project (other than this request)?

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

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):



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17. Requester Contact Information								
	a. First Name	Yocelyn		Last Name	Galiano			
	b. Organization	Village of Pinecrest						
	c. E-mail Address	ygaliano@pinecrest-fl.gov						
	d. Phone Number	(305)234	(305)234-2121 Ext.					
18.	Recipient Contact	ipient Contact Information						
	a. Organization Village of Pinecrest							
b. Municipality and County Miami-Dade								
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c)(3)							
	□Non Profit 501(c	Profit 501(c)(4)						
	☑Local Entity	☑Local Entity						
	□University or College							
	□Other (please specify)							
	d. First Name	Yocelyn		Last Name	Galiano			
	e. E-mail Address	Idress ygaliano@pinecrest-fl.gov						
	f. Phone Number	(305)234	-2121	Ext.				
19. Lobbyist Contact Information								
	a. Name	Jose K. Fuentes						
	b. Firm Name	Becker & Poliakoff PA						
	c. E-mail Address	jfuentes@beckerlawyers.com						
	d. Phone Number	(305)260-1018						

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