



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1816

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

The Town of Cutler Bay is requesting \$100,000 to develop a comprehensive Economic Development Plan that reviews the current Land Development Regulations, identifies gaps in workforce training, and lays out a marketing plan to attract new business that leads to gainful employment for South Dade's residents. The Plan will consider existing conditions and future trends for economic development within the Town limits along the US-1 Corridor, Town Center District, and Federally Qualified Opportunity Zones.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</b>

**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)	100,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

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



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**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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**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.**

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The Town will contract with an economic development consultant to conduct the study.	100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**13. Program Performance**

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

Cutler Bay is located in South Miami-Dade County (Commission District 8), an area that is experiencing great population growth. The Town has established itself as a great place to live and play. The Economic Development Plan will help the Town reach its goal of becoming a great place to work. The goal is to identify gaps in workforce training and create a marketing plan to attract new business that leads to gainful employment for South Dade's residents. The Town also values entrepreneurship and promotes small business development.

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



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The project has two components: (1) Assess existing conditions and conduct a needs assessment to support economic growth within the Town. Identify ways to promote and capitalize on benefits offered in opportunity zones, and (2) Identify strategies to promote the growth of small businesses and foster entrepreneurship.

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

The Town shall conduct a needs assessment and a series of public involvement meetings to gain citizens' input on the future growth and development of the community. This includes directly engaging the business community.

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

Small Businesses, General Public, Large Employers

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

The expected outcome of this project is the adoption of the Economic Development Plan. The plan will lay out specific policy changes and projects that will stimulate economic development, facilitate the use and reuse of existing infrastructure, protect green spaces and natural resources, and promote sustainable and equitable development.

**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?**

The agency will not be reimbursed for project activities that do not meet the deliverables or performance measures.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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



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- 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):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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