

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 1948

1. Project Title	Coral Gables - Ce Improvements	ntral Business Dis	strict Americans with I	Disability Act	
2. Senate Sponsor	Ileana Garcia				
3. Date of Request	2/10/2025				
4. Project/Program D	escription				
accessible parking residents and visito	onsist of ADA improve spaces and curb ramp rs. These improvemen sive business commur	os to ensure comp nts are vital for pro	liance with ADA stand	dards and improve	accessibility for all
5. State Agency to re	eceive requested fun	ds Departm	ent of Transportation		
State Agency cont	-				
6. Amount of the Non	nrecurring Request for	or Fiscal Year 20	25-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outla				310,000	
Total State Funds	Requested			310,000	I
7. Total Project Cost	for Fiscal Year 2025-	-2026 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds F	Requested (from ques	tion #6)	310,000	50%	
Matching Funds					
Federal			0	0%	
State (excluding the	e amount of this reque	est)	0	0%	
Local			310,000	50%	
Other			0	0%	
Total Project Cost	s for Fiscal Year 202	5-2026	620,000	100%	I
8. Has this project pr	reviously received st most recent instanc	_	No		
Fiscal Year	Amou	int	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future-year fund	ling likely to be requ	ested?	No		
a. If yes, indicate r	nonrecurring amoun	t per year.			
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p. Describe the so	urce of funding that	can be used in I	ieu of state funding.		1



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10. Status of Construction					
a. What is the current pha	se of the project?				
Planning	ign Construction	O N/A			
b. Is the project "shovel re	eady" (i.e permitted)?		No		
c. What is the estimated s	tart date of construction?		06/01/2026		
d. What is the estimated c	ompletion date of construc	tion?	12/01/2027		
e. What funding stream wi	ill be used for ongoing ope	rations a	nd maintenance	of the project?	
The City's Capital Projects	Funds.				
11. List the owners of the fac relationship between the	cility to receive, directly or owners of the facility and			tal outlay fundi	ng. Include the
The City of Coral Gables					

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	Striping and adding signage to existing parking spaces, and re- sloping sidewalks to create new accessible parking spaces; adding signage and making slope alterations to make curb ramps accessible.	310,000
Total State Funds Requested (m	ust equal total from question #6)	310,000

13. Program Performance

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

The purpose of the project is to improve the accessibility and inclusivity of the Central Business District's public rights of way.

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

The services provided by the project will be the construction and installation of accessible parking spaces and curb ramps.

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



□ No, but intends to apply

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The services provided by the project shall be new accessible parking spaces and curb ramps to improve disabled residents and visitors ability to live, work, and play in the Gables' Central Business District.

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

The project's target population are disabled residents and visitors of the Central Business District. The target population is difficult to estimate due to the transient nature of the business community, yet there are about 3,000 affected residents.

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

The benefits are listed in subsection c. City staff can survey residents and visitors on their ability to safely and independently navigate the CBD before and after the project's completion.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties

fo	or failing to meet deliverables or performance measures provided for in the contract?
-	The contracting agency may withhold project funds for non performance by the city.
4. 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. H	as 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. H	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No



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Requester Contac	t Informat	ion	_				
a. First Name	Fernando)	Last Name	Weiner			
b. Organization	City of Co	oral Gables					
c. E-mail Address	fweiner@	coralgables.com	1				
d. Phone Number	(305)722	-8618	Ext.				
Recipient Contact	Informati	on					
a. Organization	City of Co	oral Gables					
b. Municipality and	d County	Miami-Dade					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(d	c)(3)						
□Non Profit 501(d	c)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Melissa		Last Name	DeZayas			
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f. Phone Number	(305)460	-5128	Ext.				
Lobbyist Contact l	nformatio	n					
a. Name	Nelson [). Diaz					
b. Firm Name	The Sou	thern Group					
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.