



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2271

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project goal is to improve safety and enhance ADA accessibility by correcting uneven pavement sections, enhance visibility by installing new striping and markers, and enhance pedestrian safety by incorporating ADA improvements.

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	0
Fixed Capital Outlay	450,000
<b>Total State Funds Requested</b>	<b>450,000</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)	450,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>450,000</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

10. Status of Construction



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a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

2/28/2027

d. What is the estimated completion date of construction?

4/30/2028

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

Ongoing operations and maintenance will be funded through the Town's regular road maintenance 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.

Town of Miami Lakes

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		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design, permit, and construction for Rectangular Rapid Flashing Beacons (RRFBs) and in ground lighting for pedestrian crosswalks in areas with high pedestrian traffic and low visibility to enhance pedestrian safety.	450,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>

13. Program Performance

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

The projects goal is to improve safety for pedestrians traveling to schools, parks, and facilities at 8 proposed locations across Miami Lakes. Through the installation of rapid flashing beacons and in ground lighting, USDOT FHWA studies show, RRFBs may reduce pedestrian crashes up to 47% and increase motorists yielding rates up to 98%.

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

Activities and Services provided are the installation of the rapid flashing beacons and in ground lighting at the proposed location in Miami Lakes to improve pedestrian safety.



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

The direct service provided will be increased pedestrian safety.

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

The general public of the town totaling over 31,000 individuals.

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

The expected benefits include increasing multi modal transportation by increased pedestrian safety and reduced crashes in the town and creating specific contractor, engineer, environmental, and consultant immediate job opportunities. These will be measured through field observation and contractual agreements with the Town.

**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?**

No payment will be made for a request for reimbursement which does not include an updated summary of the project, dated invoices, checks paid by the contracting agency, and proof of payments via copies of deposited checks.

**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
- Yes, Received



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- 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.*