

LFIR # 2821

| 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fund | most recent instar Amo Recurring | state funding? ace: bunt Nonrecurring uested? | No Specific Appropriation # | 0% 100% Vetoed | | | | |
|--|---|--|--|--|--|--|--|--|
| Other Total Project Cost 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) | reviously received a most recent instar Amo Recurring | state funding? nce: ount Nonrecurring | No Specific Appropriation # | 100% | | | | |
| Other Total Project Cost: 8. Has this project pr If yes, provide the Fiscal Year | reviously received a most recent instar | state funding? nce: | 17,500,000 No Specific | 100% | | | | |
| Other Total Project Cost: 8. Has this project pr If yes, provide the Fiscal Year | reviously received a most recent instar | state funding? nce: | 17,500,000 No Specific | 100% | | | | |
| Other Total Project Cost 8. Has this project pr If yes, provide the | eviously received most recent instar | state funding? | 17,500,000 No | 100% | | | | |
| Other Total Project Cost 8. Has this project pr | eviously received | state funding? | 17,500,000 | | | | | |
| Other | s for Fiscal Year 20 | 025-2026 | | | | | | |
| | | | 0 | | | | | |
| | | | | | | | | |
| 1 | | | 8,750,000 | 50% | | | | |
| | e amount of this requ | ıest) | 0 | 0% | | | | |
| Federal | | | 0 | 0% | | | | |
| Matching Funds | requested (ITOITI que | (Stion #0) | 8,730,000 | 30 /6 | | | | |
| Type of Funding | Requested (from que | ection #6) | Amount 8,750,000 | Percentage 50% | | | | |
| • | | 5-2026 (includin | g matching funds avai | | ect) | | | |
| Fixed Capital Outlay | у | | 8,750,000 | | | | | |
| Operating | | | Allo | 0 | | | | |
| 6. Amount of the Non | | for Fiscal Year 2 | 2025-2026 | unt | | | | |
| 5. State Agency to re State Agency conta | - | nds Depart | ment of Environmental I | Protection | | | | |
| bank elevations (en 2060 scenario with permitting, construc | hance storáge), upg Sea Level Rise have ction and constructio | rade culverts (en e been used as do n management. <i>A</i> | le County control, C-6 B hance conveyance), and esign criteria. This projet combination of resources water quality in the Missey | d improve outfalls. ct includes survey, ces from Miami-Dad | Future conditions in a soil testing, design, | | | |
| 4. Project/Program D | escription | | | | | | | |
| 3. Date of Request | 2/19/2025 | | | | | | | |
| 2. Senate Sponsor | Bryan Avila | | | | | | | |
| | Canal Improvem | | asin improvements r has | se 2- Secondary | | | | |
| 1. Project Title | Miami-Dade Cou | ınt∨ Canal C₌6 Ba | sein Improvamente Dhac | | | | | |



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

| 10. Status of Construction | | | | | | | |
|---|-----------------|--------------------------------|--|--|--|--|--|
| a. What is the current phase of the project? | | | | | | | |
| ○ Planning | 1 | | | | | | |
| b. Is the project "shovel ready" (i.e permitted)? | No | | | | | | |
| c. What is the estimated start date of construction? | 01/01/2026 | | | | | | |
| d. What is the estimated completion date of construction? 12/31/2027 | | | | | | | |
| e. What funding stream will be used for ongoing operations | and maintenance | of the project? | | | | | |
| Miami-Dade County Stormwater Utility fees. | | | | | | | |
| | | | | | | | |
| 11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entitle. | | al outlay funding. Include the | | | | | |
| Miami-Dade County is the owner. | | | | | | | |

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 | Construction raising top of bank elevations (enhance storage), upgrade culverts (enhance conveyance), and improve outfalls. | 8,750,000 | | | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | | | |

13. Program Performance

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

The project goal is to mitigate flooding through canal bank improvements, specifically raising the top of bank elevation of thirteen (13) secondary canals under Miami-Dade County's control, in the C-6 Basin. Areas in the C-6 Basin typically experience flooding during heavy rain events when the amount of rain exceeds the canal's capacity to drain.

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



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| Mitigate flooding through canal bank improvements. |
|--|
| c. What direct services will be provided to citizens by the appropriation project? |
| Flood protection services. |
| d. Who is the target population served by this project? How many individuals are expected to be served? |
| This project will serve the general public by mitigating flooding and enhancing water quality, which can improve the live of thousands of residents. |
| e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome we be measured? |
| Mitigate flooding by improving the secondary canal banks and stormwater infrastructure. Measured by decrease in number of floods complaints and decrease in the standing water depth during heavy rain fall. |
| f. What are the suggested penalties that the contracting agency may consider in addition to its standard penal for failing to meet deliverables or performance measures provided for in the contract? |
| Failure to meet deliverables will result in nonpayment. |
| 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): |
| |
| 5. 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: |
| |
| 6. Has the entity applied for or received state assistance for this project (other than this request)? |
| ☐ Yes, Applied |
| □ Ves Received |



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| □ No | | | | | | | | | | |
|------------------------------|--------------|-------------------------|-------------|------------------------|--------|-----------|-----------|----------|---------|-------------------|
| ☐ No, but in | ntends to a | oply | | | | | | | | |
| a. If yes, spe Commerce): | ecify the p | rogram and st | tate age | ncy (ex. Loca | al Go | vernme | nt Emer | gency Bı | idge Lo | oan, Department o |
| Please con | nplete d | Juestions | 17 thr | ough 21 | for | Wate | r Proje | ects o | าly. | _ |
| 17. Have you be | een award | ed or applied | for alter | native state | fund | ing for t | this proj | ect? | | |
| □ Water Q | uality Impi | ovement Gran | t Prograi | n | | | | | | |
| ☑ Resilient | t Florida G | rant Program | | | | | | | | |
| □ Wastewa | ater Revol | ving Loan | | | | | | | | |
| □ Drinking | Water Re | volving Loan | | | | | | | | |
| ☐ Small Co | ommunity ' | Wastewater Tr | eatment | Grant | | | | | | |
| ☐ Other (p | lease spec | cify, ex. Alterna | itive Wat | er Supply Gra | ants) | | | | | |
| □ N/A | | | | | | | | | | |
| 18. What is the | populatio | n economic s | tatus? | | | | | | | |
| ☐ Financia | ally Disadva | antaged Comm | nunity (ch | n. 62-552, F. <i>A</i> | 4.C) | | | | | |
| ☐ Financia | ally Disadva | antaged Munic | ipality (cl | n. 62-552, F. <i>l</i> | A.C) | | | | | |
| ☐ Rural Ar | ea of Ecor | omic Concern | | | | | | | | |
| ☐ Rural Ar | ea of Oppo | ortunity (s. 288 | .0656, F | orida Statute | es) | | | | | |
| ☑ N/A | | | | | | | | | | |
| 19. What is the | status of | construction? | • | | | | | | | |
| Not ready. | | | | | | | | | | |
| 20. What percei | ntage of th | ne construction | n has b | een complet | ed? | | | | | |
| 0% 21. What is the | estimated | l completion (| date of c | onstruction | ? | 12/31/2 | 2027 | | | |
| 22. Requester C | | | |] . | | | | | | |
| a. First Nam | | urdes | | Last Name | | | | | | |
| b. Organiza | | ami-Dade Cou sources | inty Depa | artment of Re | egulat | ory and | ∟conomi | С | | |



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| c. E-mail Address | Lourdes. | Gomez@miamid | ade.gov | | | | | | |
|----------------------------------|-------------------------|---------------|-----------|---------|--|--|--|--|--|
| d. Phone Number | r (305)375-2886 Ext. | | | | | | | | |
| | | | | | | | | | |
| 23. Recipient Contact | Information | on | | | | | | | |
| a. Organization | ation Miami-Dade County | | | | | | | | |
| b. Municipality and | d County | Miami-Dade | | | | | | | |
| c. Organization Ty | ре | | | | | | | | |
| □For Profit Entity | | | | | | | | | |
| □Non Profit 501(d | □Non Profit 501(c)(3) | | | | | | | | |
| □Non Profit 501(d | :)(4) | | | | | | | | |
| ☑Local Entity | | | | | | | | | |
| □University or Co | llege | | | | | | | | |
| □Other (please sp | pecify) | | | | | | | | |
| d. First Name | Jorge | | Last Name | Vazquez | | | | | |
| e. E-mail Address | Jorge.Va | zquez@miamida | de.gov | | | | | | |
| f. Phone Number | (305)372 | -6772 | Ext. | | | | | | |
| 24. Lobbyist Contact Information | | | | | | | | | |
| a. Name | Jess M. | McCarty | | | | | | | |
| b. Firm Name | | | | | | | | | |
| c. E-mail Address | jmm2@n | niamidade.gov | | | | | | | |
| d Phone Number | (305)979 | -7110 | | | | | | | |

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