

**LFIR # 3353** 

1. Project Title	Miami Dade Co - Phase 2	unty Card Sound Ro	oad Canal Salt Intrusio	n Barrier Project		
2. Senate Sponsor	Ana Maria Rodr	iguez				
3. Date of Request	3/5/2025					
4. Project/Program De	escription					
canal is an uncontro water to intrude and County's Environme Comprehensive Eve	Illed canal allowing contaminate portic ntally Endangered rglades Restoratio een successfully co	unregulated draina ons of the Biscayne Lands Program tha n Plan (CERP). The ompleted. This proje	d Canal Salt Intrusion E ge of wetlands owned aquifer and publicly ow t are needed for regior Florida Legislature pr ct will create and resto	by Miami-Ďade Co vned wetlands acq nal restoration inclu eviously funded the	ounty and allowing salt uired by Miami-Dade uding the e first phase of this	
5. State Agency to red	ceive requested fu	unds Departm	ent of Environmental F	Protection		
State Agency conta	rcted? Yes					
6. Amount of the Nonr	recurring Request	t for Fiscal Year 20	25-2026			
Type of Funding			Amou	unt		
Operating				100,000		
Fixed Capital Outlay	,		0			
<b>Total State Funds F</b>	Requested		100,000			
7 Total Project Cost fo	E' 11/ 00/				4)	
•	or Fiscal Year 202	25-2026 (including	matching funds avail		ect)	
Type of Funding			Amount	Percentage	ect)	
Type of Funding Total State Funds R					ect)	
Type of Funding Total State Funds R Matching Funds			Amount 100,000	Percentage 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal	equested (from que	estion #6)	Amount 100,000	Percentage 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 100,000 0	Percentage 50% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	estion #6)	Amount 100,000 0 0 100,000	Percentage 50% 0% 0% 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this req	estion #6)  uest)	Amount 100,000 0 0 100,000 0	Percentage 50% 0% 0% 50% 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this req s for Fiscal Year 2	estion #6)  uest)  025-2026  state funding?	Amount 100,000 0 0 100,000	Percentage 50% 0% 0% 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the I	equested (from que amount of this req s for Fiscal Year 2 eviously received most recent insta	estion #6)  uest)  025-2026  state funding? nce:	Amount  100,000  0  100,000 0  200,000 No  Specific	Percentage 50% 0% 0% 50% 50%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the I	equested (from que amount of this req s for Fiscal Year 2 eviously received most recent insta	estion #6)  uest)  025-2026  state funding? nce:	Amount  100,000  0  100,000 0  200,000	Percentage 50% 0% 0% 50% 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the I  Fiscal Year (yyyy-yy)  9. Is future-year funding a. If yes, indicate new	amount of this requested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent insta Am Recurring	estion #6)  uest)  025-2026  state funding? nce:  ount  Nonrecurring  quested? unt per year.	Amount  100,000  0  100,000 0  200,000 No  Specific	Percentage 50% 0% 0% 50% 100%	ect)	



**LFIR # 3353** 

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

10.	Status of Const	truction					
;	a. What is the cu	urrent phase of t	he project?				
	Planning	O Design	Construction	○ N/A			
I	o. Is the project	"shovel ready"	(i.e permitted)?				
(	c. What is the es	stimated start da	te 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	
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	The requested funding will be spent on design and permitting to create a shovel ready project.	100,000	
Fixed Capital Construction/Major Renovation:			
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6) 100			

### 13. Program Performance

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

Design and permitting of Phase 2 of the Card Sound Road Canal Salt Intrusion Barrier Project. The Card Sound Road canal is an uncontrolled canal allowing unregulated drainage of wetlands owned by Miami-Dade County and allowing salt water to intrude and contaminate portions of the Biscayne aquifer and publicly owned wetlands acquired by the County's EEL Program. This project will create and restore additional Everglades wetlands that were destroyed by the construction of the canal.

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



LFIR # 3353

	The project will develop the design and permits that allow for the creation and restoration of wetlands that have been rained by the creation of the canal.
C.	What direct services will be provided to citizens by the appropriation project?
	By restoring the wetlands it will improve water management, reduce salt water intrusion and restore publicly owned etlands in Miami-Dade County in the area of the southeastern Everglades.
d.	Who is the target population served by this project? How many individuals are expected to be served?
S	Southern part of Miami-Dade County.
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?
do	Completion of design and permitting for the Card Sound Road Canal Salt Intrusion Barrier Phase 2. Contract bid ocuments must demonstrate that the design is developed and the permits are obtained, and that the contractor has afficient manpower and equipment to complete the work in a timely manner.
	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties r failing to meet deliverables or performance measures provided for in the contract?
F	ailure to meet deliverables will result in nonpayment.
14. Is 1	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. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. If	f yes, provide the FEMA project worksheet ID#:
b. P	Provide the total project cost listed on the FEMA project worksheet:
	as the entity applied for or received state assistance for this project (other than this request)?  Yes, Applied



**LFIR # 3353** 

☐ Yes, Received	
□ No	
□ No, but intends to apply	
	an Danartmant of
a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Locommerce):	an, Department of
ease complete questions 17 through 21 for Water Projects only.	
Have you been awarded or applied for alternative state funding for this project?	
□ Water Quality Improvement Grant Program	
□ Resilient Florida Grant Program	
□ Wastewater Revolving Loan	
□ Drinking Water Revolving Loan	
□ Small Community Wastewater Treatment Grant	
☐ Other (please specify, ex. Alternative Water Supply Grants)	
☑ N/A	
What is the population economic status?	
☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)	
☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)	
□ Rural Area of Economic Concern	
☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)	
☑ N/A	
What is the status of construction?	
N/A	I
What percentage of the construction has been completed?	
N/A	I
. What is the estimated completion date of construction? 06/02/2026	
Requester Contact Information	
a First Name   Lourdes   Last Name   Gomez	



**LFIR # 3353** 

	b. Organization	Miami-Dade County Department of Regulatory and Economic Resources				
	c. E-mail Address	lourdes.gomez@miamidade.gov				
	d. Phone Number	(305)375-2886 <b>Ext.</b>				
23.	Recipient Contact	Informatio	on			
	a. Organization	Miami Da	ide County			_
	b. Municipality and	d County	Miami-Dade			
	c. Organization Ty	ре				
	□For Profit Entity					
	□Non Profit 501(d	501(c)(3)				
	□Non Profit 501(d	c)(4)				
	☑Local Entity					
	□University or Co	llege				
	□Other (please specify)					
	d. First Name	Janet		Last Name	Gil	
	e. E-mail Address	gilj@miamidade.gov				
	f. Phone Number	(305)458	-3233	Ext.		
24.	4. Lobbyist Contact Information					
	a. Name	Jess M. I	McCarty			
	b. Firm Name					
	c. E-mail Address	jmm2@m	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.