



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3442

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To assist with the three-phase development of the Earlington Heights Metrorail Station (Phase 1: New MetroBus Drop Off Area and Metrorail Station / Existing 1,000 space Garage Improvements; Phases 2 & 3: 850+ Units of Work Force Housing and Transit Oriented Retail + Day Care).
 Funds will be used for Phase 1: New MetroBus Drop Off Area and Metrorail Station / Existing 1,000 space Garage Improvements. Development will address housing shortage & promote transit ridership which will help reduce congestion.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,500,000
Total State Funds Requested	3,500,000

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)	3,500,000	35%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	6,500,000	65%
Total Project Costs for Fiscal Year 2025-2026	10,000,000	100%

8. **Has this project previously received state funding?** No

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?** No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**



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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
 Design
 Construction
 N/A

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

No

c. What is the estimated start date of construction?

9/1/2025

d. What is the estimated completion date of construction?

8/1/2026

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

Miami-Dade County Department of Transportation and Public Works Funding

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.

Miami-Dade County Department of Transportation and Public Works (Owner of Project Site and Ground Lessor); Earlington Metro LLC (Ground Lessee and Developer of Project)

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, planning, and construction of new MetroBus drop off area, renovation of existing 1,000 space Garage, and renovation of MetroRail Station	3,500,000
Total State Funds Requested (must equal total from question #6)		3,500,000

13. Program Performance

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

The funding will serve to assist in part with the redevelopment of a major public transportation facility located at Earlington Heights Station for the residents of Miami-Dade County.

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



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Construction of new MetroBus drop off area (7 bus bays w/ concrete canopies & sitting areas, etc.), renovation of existing 1,000 space garage (repairing, cleaning, & painting exterior of garage; renovating restrooms & garage offices, etc.), renovating MetroRail Station (new exterior lighting; enhanced landscaping/irrigation including new public park plaza; covered walkways; etc.)

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

Upon completion, the redeveloped bus depot will offer a safe and accessible public transportation terminal with an all day parking facility. The development will include a new drop off and pick up area, safe covered walkways, a public park plaza, new sitting area. The station provides county wide transportation to the residents of Miami-Dade County.

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

Economically disadvantaged persons, elderly person, and the general public

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

Accessible public transportation will reduce road congestion, energy use, air pollution. Provide greater mobility and accessibility, improve employment opportunities and expand accessibility having a positive impact on area retail businesses. Measured by completion of construction of new bus station and station improvement, monitoring ridership activity and reduction in congestion.

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?

Suspension of funding, claw back of any funds expended together with interest and penalties.

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)?



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- Yes, Applied
- 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**



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d. Phone Number

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