

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Flagler Street Economic Revitalization Project

2. Date of Submission: 10/27/2019

3. House Member Sponsor: James Bush

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					6,000,000	6,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes

5a. If yes, which state agency? Department of Transportation

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Remaining Funds returned back to agency

6. Requester:

- a. Name: Emilio Gonzalez
- b. Organization: City of Miami
- c. Email: ETGonzalez@miamigov.com
- d. Phone #: (305)416-1025

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Steven Williamson
- b. Organization: City of Miami
- c. Email: SWilliamson@miamigov.com
- d. Phone #: (305)416-1225

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Nikolas Pascual
- b. Firm: City of Miami
- c. Email: NPascual@miamigov.com
- d. Phone #: (305)562-2602

9. Organization or Name of entity receiving funds:

- a. Name: City of Miami
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Reconstruction of one of Florida's most historic Streets, Flagler Street, in Downtown Miami that will support local businesses, residents, and attract retail and new businesses. The project consists of reconstruction of the century-old street with brick pavers, enhanced intersections, wider sidewalks, landscape and irrigation upgrades, new drainage and decorative street lighting. The project is funded by the City of Miami, Miami-Dade County, and local property owners.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	complete reconstruction of Flagler Street corridor using an iconic curb-less festival design with brick paved streets, enhanced patterned intersections, wider sidewalks, landscape and irrigation upgrades, on	6,000,000

	street valet parking, new drainage and decorative street lighting.	
TOTAL		6,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The Miami Downtown Development Authority determined the need for the reconstruction of the street and conducted multiple public meetings in order to address both the needs of the project and the funding sources. Local property owners agreed to a special assessment in order to fund maintenance upon project completion.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Yes, Miami Downtown Development Authority.

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Festival design and reconstruction of a centuries-old street, increased tourism and economic activity.	Increased tourist development taxes, increased retail and business establishments on Flagler Street.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Increased pedestrian access to event areas.	Pedestrian counts and increases in public transit usage.
<input checked="" type="checkbox"/> Improve transportation conditions	Enhanced intersections, wider sidewalks, landscape and irrigation upgrades, on street valet parking.	Counts on public transit usage in correlation with festivals and events in Downtown Miami.
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased retail and business establishments in Downtown Miami.	Measured by Miami Downtown Development Authority via existing and new businesses on and near Flagler Street.
<input checked="" type="checkbox"/> Increase tourism	Increase in tourist footprint to historic locations throughout Flagler Street and surrounding areas.	Tourist development taxes. Reports by Miami Downtown Development Authority.
<input type="checkbox"/> Create specific immediate job opportunities		

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	6,000,000	20.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	23,441,806	79.6%	Yes
5. Other:	0	0.0%	No
TOTAL	29,441,806	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

Ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M