

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: South Miami Sunset Pedestrian Bridge Project - Phase 1
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Javier Fernandez  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. 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*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. 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	B	C	D	E	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,000,000	2,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Transportation
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 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.  
Retraction of funding

6. Requester:

- a. Name: Zachariah Cosner
- b. Organization: City of South Miami
- c. Email: Zcosner@Southmiamifl.gov
- d. Phone #: (305)663-6330

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

- a. Name: Zachariah Cosner
- b. Organization: City of South Miami
- c. Email: Zcosner@Southmiamifl.gov
- d. Phone #: (305)663-6330

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

- a. Name: Jose Fuentes
- b. Firm: Becker & Poliakoff
- c. Email: jfuentes@beckerlawyers.com
- d. Phone #: (305)260-1018

9. Organization or Name of entity receiving funds:

- a. Name: City of South 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?

The funds requested will be used for the development of a pedestrian bridge linking the Northeast and SouthWest sides of the heavily trafficked FDOT operated arterial road US-1 in the vicinity of the South Miami metro-rail station.

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	All activities directly related to the construction of the pedestrian bridge across the US-1 corridor.	2,000,000
<b>TOTAL</b>		<b>2,000,000</b>

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:

Multiple residents surveyed for the purpose of developing the City of South Miami's intermodal transportation plan specifically called for the development of a pedestrian bridge across the US-1 corridor (these can be viewed on pages 193, 195 and 196 of the plan). Miami Dade Transit has commissioned several studies attesting to the necessity of this project. Multiple local political representatives, local businesses and local organizations have signed letters of support for this project.

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:

Miami Dade Transit noted the need for this infrastructure in their 2006 Pedestrian/Bicycle Overpass concept study.

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 checked="" type="checkbox"/> Improve physical health	Increase connectivity of residents living on the Southwest side of US-1	Pedestrian surveys, data collected from bikeshare programs currently

	with health care facilities located on the Northeast side of US-1. Increase miles walked or biked by residents.	offered within the city.
<input checked="" type="checkbox"/> Improve mental health	Increase connectivity of residents living on the Southwest side of US-1 with health care facilities located on the Northeast side of US-1. Improve resident quality	Survey of residents Number of admissions to health care facilities
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduction in Vehicle Miles Traveled and associated emissions. Reduction in traffic congestion and associated emissions.	Traffic flow analysis. Survey of pedestrians entering South Miami Metrorail Station.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction in incidence of vehicle-pedestrian collisions	Comparison of average annual vehicle pedestrian collisions reported pre and post project.
<input checked="" type="checkbox"/> Improve transportation conditions	Number of individuals utilizing the infrastructure in question.	Pedestrian count.
<input checked="" type="checkbox"/> Increase or improve economic activity	Number of individuals utilizing the infrastructure in question.	Number of visitors to local businesses in the
<input checked="" type="checkbox"/> Increase tourism	Increase number of individuals traveling to the City of South Miami Downtown Commercial district via the South Miami MetroRail Station.	Number of individuals disembarking at South Miami Metro
<input type="checkbox"/> Create specific immediate job opportunities		

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase connectivity of individuals residing on the Northeast side of US-1 with employment opportunities located on the SouthWest side of US-1.	Pedestrian survey survey of residents
<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:	2,000,000	80.0%	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:	500,000	20.0%	Yes

5. Other:	0	0.0%	No
TOTAL	2,500,000	100%	

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

No