

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Underline
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Jose Diaz  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
**If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d**
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request</b> <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		2,000,000	2,000,000		5,000,000	5,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Transportation

6. Requester:

- a. Name: George Navarrete
- b. Organization: Miami-Dade County Parks, Recreation, and Open Spaces Department
- c. Email: George.Navarrete@miamidade.gov
- d. Phone #: (305)755-7877

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: George Navarrete
- b. Organization: Miami-Dade County Parks, Recreation, and Open Spaces Department
- c. Email: George.Navarrete@miamidade.gov
- d. Phone #: (305)755-7877

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Diana Ferguson
- b. Firm: Rutledge-Escenia
- c. Email: dferguson@rutledge-escenia.com
- d. Phone #: (850)681-6788

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Miami-Dade County Parks, Recreation and Open Spaces Departme
- 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?

These funds will be used to continue the design and construction of a 10-mile off-road Underline urban trail. Current funds will complete 2.3 miles from the Miami River in downtown Miami to SW 19 Av. The \$5 million requested will construct approximately 0.94 miles extending from SW 19 Av. past the Vizcaya Metrorail station to approximately SW 23 Av. Construction of the trail will encourage the community to walk, bike and take transit to alleviate traffic congestion and improve safety.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	These funds will be used for construction of a separated bike and pedestrian paths plus intersection	5,000,000

	improvements and lighting from SW 19 Av. to approximately SW 23 Av. in the City of Miami.	
TOTAL		5,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- 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:

Advertised public meetings held 4/16/15, 4/17/15, 4/18/15, 6/23/15, 6/25/15, and 11/9/15. Over 30 endorsing public and private agencies and corporations; over \$1.5 million raised privately and \$12 million raised in public dollars plus up to a \$50 million commitment from City of Miami.

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:

The Underline Framework Plan and Demonstration Projects completed 12/18/2015 by James Corner Field Operations. Creating Value through Open Space: The Economic Impacts of The Underline completed December 2015 by HR & A. Kimley-Horn and Associates

completed a Traffic Impact Study on 6/3/15 indicating reduced traffic congestion on US 1 as a result of The Underline. A Health Impact Assessment is currently in progress in 2016.

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

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe): The 10 mile long Underline will serve all residents and businesses within 2/3rd of a mile serving th

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all 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	Increased activity of residents living within 2/3 of a mile	Health Impact Assessment
<input checked="" type="checkbox"/> Improve mental health	Improved satisfaction with quality of life	Health Impact Assessment
<input checked="" type="checkbox"/> Enrich cultural experience	Events and curriculum drawing residents to Underline public art.	Attendance and improved grades of students in 24 impacted schools
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educational curriculum for 24 impacted schools	Improved grades of students at participating schools
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Lower CO2 levels	Air quality study performed with the Nature Conservancy
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved bicycle and pedestrian safety	Measurement of lower bicyclist and pedestrian injuries/deaths
<input checked="" type="checkbox"/> Improve transportation conditions	Reduce congestion on major arterial US 1 projected at 3-5%	Measure traffic congestion vis a vis increased mass transit use
<input checked="" type="checkbox"/> Increase or improve economic activity	Projected increased property values 5-25%. Increased development in 2/3 mile impact zone. Increased job creation and opportunity	Increased property tax receipts, development and density near Underline's 8 transit stations
<input checked="" type="checkbox"/> Increase tourism	Visitors/tourists to trail and destination parks	Event registrations from tourists and data from Greater Miami Convention and Visitor's Bureau
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Projected over 1,000 new jobs from	Tracking construction and operation

	construction and over 400 jobs annually from operations	jobs
<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 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	5,000,000	27.5%	N/A
2. Federal:	1,944,400	10.7%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	6,445,000	35.4%	No
4. Local:	4,250,000	23.4%	No

5. Other:	550,000	3.0%	No
TOTAL	18,189,400	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M