

Project Tracking #: _____

2010 Community Budget Issue Request

1. Project Title: **Off-Highway Vehicle Recreational Trails Development**

Date: July 29, 2009

2. Member Sponsor(s) Name: **Miami-Dade County State Legislative Delegation**

District No.(s): **Countywide**

3. What statewide interest does this project address as it relates to Chapter 216.052(1)? **The 2002 Off-Highway Vehicle (OHV) Safety and Recreation Report (required by F. S. 261.06), identified southeast Florida as the area of the state with the most critical need for OHV recreation. There are currently no legal places to ride OHVs in the area. Miami-Dade County ranks third among counties in the state, with 10,340 titled OHVs. The Department conducted a public involvement process through the OHV Trails Feasibility Study (grant referenced below), and identified Dade-Collier Training and Transition (TNT) Airport as a site to pursue development as an OHV recreation area.**

4. Requester:

Name: **Jack Kardys, Director**

Organization : **Miami-Dade County Park and Recreation Department**

5. Recipient:

Name: **Miami-Dade County Park and Recreation Department** Street: **275 NW 2nd Street**

City: **Miami** Zip Code: **33128**

Counties: **Miami-Dade** Gov't Entity or Private Organization (Profit/Not for Profit)

6. Contact:

Name: **Jack Kardys** Phone #: **(305) 755-7903**

e-mail: **Kardys@miamidade.gov**

7. Project Description: **In response to numerous requests from citizens and OHV riders, the Department is looking to provide an OHV recreation area. The Department is working with Miami Dade County Aviation to secure up to 24,000 acres of land surrounding TNT Airport, located 35 miles west of Miami. The Department is requesting funding for Phase I permitting for the construction of OHV recreational trails, campground, and support facilities. It is expected that an OHV recreation area of this magnitude would attract residents from all over south Florida, and potentially as far north as Lake Okeechobee. This project will provide safe and organized riding areas for off highway vehicles riders**

8. Is this project related to a federal or state declared disaster? Yes No

8a. If yes, which declared disaster? **N/A** 8b. If yes, what year?: **N/A**

9. Measurable Outcome Anticipated: **Decrease in deaths and injuries related to crashes of OHVs and automobiles along roadways in Miami-Dade County. Decrease in property damage by users not riding through County Environmentally Endangered lands, neighborhoods, and agricultural lands. Meet the recreational needs of large numbers of off-highway vehicle (ATV and motorbike) riders.**

10. Amount you are requesting from the State for this project this year? Amount Requested: **\$337,000**

11. Total cost of project this year: **\$337,000**

12. Is this request being made to fund (check all that apply): Operations Construction

13. What type of match exists for this request? Local Private Federal None

13a. Enter all amounts that apply: Total Cash Amount: **\$18,000** Total In Kind Amount

14. Was this project previously funded by the State? Yes No **\$72,000**

14a. If yes, most recent Fiscal Year: **2008-09 FL Dept. of Agriculture and Consumer Services, Division of Forestry OHV grant**

15. Is future-year funding likely to be requested? Yes No 15a. If yes, how much?

15b. Purpose for future year funding: Recurring Operations Non-Recurring Construction Other _____

16. Will this be an annual request? Yes No

17. Was this project included in an Agency Budget Request? Yes No 17a. If yes, name the Agency: **N/A**

18. Was this project included in the Governor's Recommended Budget? Yes No Unknown

19. Is there documented need for this project? Yes No

19a. If yes, what is the documentation? **In the Division of Forestry's 2002 Off-Highway Vehicle Safety and Recreation Report (required by Florida Statute 261.06), southeast Florida is identified as the area of the state with the most critical need for OHV recreational trails.**

20. Was this project request heard before a publicly-noticed meeting of a body of elected officials (municipal, county, or state)? Yes No

20a. If yes, name the Body: **The Board of County Commissioners approved applying for the FDACS-DOF grant in April 2008.**

21. Is this a water project under s. 403.885, F.S.? Yes No

(See http://www.dep.state.fl.us/water/waterprojectfunding/2007/wpf_2007_main.htm for more information including historical funding)

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IMPORTANT: ATTACH APPROPRIATE SUPPORTING DOCUMENTATION FOR THIS CBIRS REQUEST

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21a. Is the project eligible under section 403.885(2), F. S., to protect public health or the environment; and implement plans developed pursuant to the Surface Water Improvement and Management Act created in part IV of Chapter 373, F.S., other water restoration plans required by law, management plans prepared pursuant to s. 403.067, F.S., or other plans adopted by local government for water quality improvement and water restoration? Yes No

22. Is your project addressed in a state, regional or local plan (such as a SWIM Plan, Comprehensive Plan, Local Master Plan, etc.)?

Yes No

22a. If yes, name the plan and cite the pages on which the project is described _____

23. Are you requesting funding for a stormwater, surface water restoration, or other water management project? Yes No

If yes, answer the following:

23a. In which Water Management Districts area is your project located? _____

23b. Have you provided at least a 50% match (that is, one-half the total project cost identified in this request)? Yes No

23c. If yes, identify the amount and source of any match being provided: Amount \$ _____ Source: _____

23d. Will this project reduce pollutant loadings to a water management district designated "priority" surface water body? Yes No

(See www.dep.state.fl.us/water/waterprojectfunding/WMDprioritywaters.htm for list of priority water bodies.)

23e. If yes, name the water body: _____

23f. If yes, describe, specifically, how it will reduce loadings, identify anticipated load reductions for total suspended solids, total nitrogen, total phosphorus, and other contaminants, and specify the practices that will be used to reduce loadings: _____

23g. Is the project under construction? Yes No

24. Are you requesting funding for a wastewater project? Yes No

If yes, answer the following:

24a. Does your project qualify for funding from DEP's "Small Community Wastewater Treatment Grant Program" under section 403.1838, F.S.?

Yes No (See www.dep.state.fl.us/water/wfi/cwsrf/smalcwgp.htm for information)

24b. If yes, have you received or applied for funding? Yes No

24c. If yes, provide the DEP Disadvantaged Small Community Grant project number _____

24d. Have you received or applied for funding for this project from DEP's State Revolving Fund (SRF) program under section 403.1835, F.S.?

Yes No (See www.dep.state.fl.us/water/wfi/cwsrf/index.htm for information)

24e. If yes, provide the DEP SRF project number _____

24f. Is the project under construction? Yes No

24g. Have you provided at least a 25% match (that is, one-quarter the total project cost identified in this request)? Yes No

24h. If yes, identify the amount and source of the match: Amount \$ _____ Source: _____

25. Are you requesting funding for a drinking water project? Yes No

If yes, answer the following:

25a. Have you received or applied for funding for this project from DEP's State Revolving Fund (SRF) program under section 403.8532, F.S.?

Yes No (See www.dep.state.fl.us/water/wfi/dwsrf/index.htm for information)

25b. If yes, provide the DEP SRF project number _____

25c. Is the project under construction? Yes No

25d. Have you provided a match? Yes No

25e. If yes, identify the amount and source of the match: Amount \$ _____ Source: _____