



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1189

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Golden Triangle Regional Park is a 25-acre lakefront site located in Tavares. The County's adopted Parks & Trails Master Plan identified the need for a regional park to serve residents in the Golden Triangle area of Lake County. This is a public/private partnership project with the City of Tavares and the YMCA.

Recreational program elements include the regional multi-use trail connects to the North Lake Trail(River-to-Hills) and Wekiva Trail system, multi-purpose and trailhead buildings, improvements to the Health & Wellness aquatic center, lake access and improvements for camping, fishing, paddling, kayaking, canoeing, multi-purpose fields, pickleball courts, tennis courts, volleyball courts, pavilions, playgrounds, dog park and parking.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,000,000
<b>Total State Funds Requested</b>	<b>4,000,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,000,000	69%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,800,000	31%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>5,800,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

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

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning
  Design
  Construction

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Vehicle, Fuel, Printer, Computer, Phone	3,000
Consultants/Contracted Services/Study	Design, Permitting & Construction bid documents	260,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Vehicle, Fuel, Printer, Computer, Phone	5,000
Consultants/Contracted Services/Study	Materials, Equipment, Site Inspection, Project close-out	100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design, permitting, construction bid documents, and construction of trailhead buildings and amenities, improvement to Health & Wellness Aquatic Center, construct multi-purpose athletic fields, tennis, pickleball and volleyball courts, pavilions, playground, dog park, parking facilities, and improve lake access for camping, paddling, and fishing.	3,632,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,000,000</b>

### 14. Program Performance

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



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To perform surveys, inspections, master planning, design and construct trailhead buildings and amenities, improvement to the Health & Wellness Aquatic Center at the YMCA, construct multi-purpose athletic fields including: tennis, pickleball and volleyball courts, pavilions, playground, dog park, parking facilities, and improve lake access for camping, paddling, and fishing.

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

The project will provide recreation opportunities for residents and visitors of Lake County. Opportunities would include access to both active and passive recreation, organized sports, and outdoor programs.

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

Provide recreation opportunities to residents and visitors of Lake County, especially the Golden Triangle area of Tavares, Mount Dora, and Eustis.

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

Residents and visitors to Lake County. More than 100,000.

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

Increase outdoor exercise such as paddling, walking and hiking.  
Courts and Fields provide for various group sports.  
2018 Parks, Recreation & Trails Master Plan update by Tindle-Oliver.

**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 the contract?**

Lake County Office of Procurement Services in coordination with Lake County Office of Parks & Trails contracting officer will include the appropriate penalties (financial penalties including bond forfeiture) to ensure quality.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**