



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2967

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

**4. Project/Program Description**

This project includes the improvement and upgrading of the multi-modal transportation network along Park Avenue which includes roadway renovation, sidewalk and pedestrian safety improvements, streetscape improvements, and various other complete street style improvements to the City of Lake Wales along Park Avenue.

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	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	16%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,500,000	84%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>12,500,000</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.**
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**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

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



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\$33,000 Airport Improvement Program  
 \$119,790 Pandemic related activities

## 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)?

Yes

c. What is the estimated start date of construction?

03/06/2023

d. What is the estimated completion date of construction?

09/2024

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.

City of Lake Wales

### 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	This streetscape will create a safe, inviting, and more accessible area for the community by creating a more open and well defined roadway for traveling either via vehicle or on foot, adding more and better lighting, adding trees for shade and hanging flowers for decoration, and featuring a curbless design and angled parking spots.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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

This project includes the improvement and upgrading of the multi-modal transportation network along Park Avenue which includes roadway renovation, sidewalk and pedestrian safety improvements, streetscape improvements, and various other complete street style improvements to the City of Lake Wales along Park Avenue.

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



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Construction of the various streetscape components for Park Avenue.

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

Vehicular and non-vehicular user safety improvements and street beautification to drive repopulation and economic growth in this urban core redevelopment area of Lake Wales, a low-income and historically disadvantaged community (according to USDOT standards).

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

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; grade school students; university students.

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

Improve transportation conditions: Parallel parking, curbside sidewalks, crosswalks and more lighting all make multimodal transportation safer.  
 Create specific immediate jobs: New business opportunities with more accessibility, more foot traffic for existing businesses, and construction of the area itself  
 Improve Physical Health: Better parking, more social space, curbside sidewalks, and a more well-lit area all create a safer area to socialize free from more concealed crime and helps lower pedestrian traffic incidents  
 Protect the general public from harm: Better lit areas prevent more easily concealed crime. This project will also increase improve safety for all right-of-way users.  
 Enrich cultural experience: More inviting hub for the community to meet, greet, and mingle with new people and learn about each other.

**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?**

This project is critical to the future redevelopment of Lake Wales. Additional penalties should not be required for this project.

**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



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University or College

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**