1. **Title of Project:** Wekiva Spring State Park Traffic Improvement

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**
   Wekiva State Park Traffic Improvement - to plan, design, permit, and construct safe access to the Wekiva Springs State Park; to address insufficient vehicle stacking and gridlock at the entrance way

5. **State Agency to receive requested funds:** Department of Environmental Protection

   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>163,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>837,000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,000,000</td>
<td>100.0%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,000,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   a. **If yes, indicate non-recurring amount per year.** 837,000

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |-----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | | |

Page 1 of 3
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Increase safety, reduce congestion, improve access to park, eliminate traffic delays, increase park attendance.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Reconstruction at park entrance and improve Wekiva Springs Road.

c. What are the direct services to be provided to citizens by the appropriations project?
   Provide safe and adequate access to a state park facility.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Between 300,000 and 400,000 residents and tourists who annually attend the park, and the residents who drive by the park in the peak season.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Monitoring of entrance fees, patrons, and accident records.

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 in the contract?
   Project not constructed, funds to be returned to FDEP.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Florida Department of Environmental Protection to receive funds for the design and construction of the Wekiva State Park entrance in Orange County. Orange County is seeking funds to assist with the project.

13. Requestor Contact Information:

a. Name: Christine Moore

b. Organization: Orange County Board of County Commissioners
c. **E-mail Address:** Christine.Moore@ocfl.net  
   d. **Phone Number:** (407)836-7350

14. **Recipient Contact Information:**
   a. **Organization:** Orange County Board of County Commissioners  
   b. **County:** Orange  
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. **Contact Name:** Christine Moore  
   e. **E-mail Address:** Christine.Moore@ocfl.net  
   f. **Phone Number:** (407)836-7350

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**