



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1879

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Request of funding for an alignment study for FDC Grove Road from Patterson Road at US 27 to North Ridge Trail and Holly Hill Road from Patterson Road at US 27 to Ernie Caldwell Blvd.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	2,000,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

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?

Yes

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



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The Polk Board of County Commissioners received \$126 million - PPE, medical supplies, medical disinfecting. Department of Justice COVID grant for \$299,848 was used for 2nd set of bunker gear in order to have an additional set to clean before using again after an COVID alert call.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Alignment study through the Request for Proposal process.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

12. Program Performance

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

Relieve traffic congestion and improve access to US 27 in northeast Polk County.

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

Complete a request for proposals process for the alignment study of these roads.

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

Improved traffic flow through a fast growing area of northeast Polk County.

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

Northeast Polk County is a gateway to and from Orlando, Florida. There is a high commuter population in this area. Adjacent cities population: Haines City, FL: 28,061; Davenport, FL: 7,309.

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

Increase mobility to the northeast corner of Polk County. Traffic counts will continue to be the measure of improvement and outcome.

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?

Standard contract penalties are sufficient.

13. 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.



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This would be a Polk County, Florida, county road. Polk County Board of County Commissioners will be the entity responsible for this road.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number