



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3108

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

4. Project/Program Description

Funding will be used for purchase of track chairs for mobility impaired individuals. These track chairs will be placed in four state parks located in Polk County Florida. This funding will provide two track chairs in each of the four state parks, totalling eight track chairs, which can run with the mobility impaired individual in sand, gravel, forest lands and even in shallow water. This funding is nonrecurring and will be for the benefit of the mobility impaired to enjoy the beauty of the great Florida outdoors. Our hope would be that every state park in Florida would be outfitted with track chairs for those individuals who otherwise would be limited in their ability to enjoy the great outdoors independently.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	125,600
Fixed Capital Outlay	0
Total State Funds Requested	125,600

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	125,600	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 2024-2025	125,600	100%

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
 N/A

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
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	There is no expense incurred other than the purchase price of the track chairs. The manufacturer has a five year limited warranty.	125,600
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		125,600

14. Program Performance

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

Gaining independence for the mobility impaired to enjoy the Florida satte Parks.

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

Services will be trail riding, bank shore fishing, geo tracking, bird watching, camping and any activity that would conceivably be difficult to do as a mobility impaired individual.



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

More independence in enjoying the Florida Satte Parks.

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

The mobility impaired.

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

Increased independence and enjoyment by the mobility impaired.

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?

No contract penalties will be encountered.

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
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name



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c. E-mail Address

d. Phone Number