



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2965

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A roadway will be constructed around the northern end of the municipal airport to currently usable (crossing the runway is a barrier for potential tenants of hangers) land on the western side of the airport. This includes design.

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	200,000
Fixed Capital Outlay	775,000
Total State Funds Requested	975,000

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)	975,000	91%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	9%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,075,000	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.

In 2024 will request 1,000,000 to complete this project, other funding will come from additional local match.

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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1. Cares Act Grant # 3-12-0040-025-2020 - This was for the removal of the septic system to force main connection to City sewer. This project was \$56,439.32
2. Airport Rescue Grant # 3-12-0040-030-2022 - This was used to purchase Aviation fuel. The amount was \$32,000.
3. Cares Act Grant # 3-12-0040-027-2021 - This was used to purchase Aviation fuel. The amount was \$13,000.

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)?

No

c. What is the estimated start date of construction?

07/01/2023

d. What is the estimated completion date of construction?

07/01/2025

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 Airport Authority

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Engineering design services, survey, geotechnical exploration, environmental due diligence, and various other design related services will be required. Secondary access road construction to Lake Wales Municipal Airport on the west side of the airfield.	975,000
Total State Funds Requested (must equal total from question #6)		975,000

14. Program Performance

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



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To provide a secondary access road to the Lake Wales Municipal Airport. This will allow access to the west side of the airfield which will increase economic development. This secondary access will also eliminate the need to cross active runways to access the west side of the airfield, thus improving safety.

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

Engineering design services, survey, geotechnical exploration, environmental due diligence, and various other design related services. Bidding and Construction.

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

Construction will create temporary jobs for local workers and the economic development of the western side of the airport will create additional permanent local jobs for Florida residents.

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

jobless persons

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

Improve Physical Health: Less injury risk from crossing an airfield. For people on the airfield, people entering and exiting the airfield, and people in surrounding areas.
Improve Mental Health: Less stress and anxiety from crossing an airfield. For people on the airfield, people entering and exiting the airfield, and people in surrounding areas.
Protect general public from harm: Less risk of accidents, less stress, less anxiety creates a more comfortable environment for the employees of the airport and companies using the airport. All to be measured by tracking airport user accidents/incidents.
Improve transportation conditions: Less vehicular trips and runway traffic will create a more efficient flow of ground and air transportation. Measure by Track how often flights are delayed due to runway inspections and various other tasks.
Create specific immediate job opportunities: More business engagement requires more local business employment.
Provides jobs for design and construction.

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 Wales should investigate and report project delays and cancellations to the House of Representatives as to why they were not able to complete 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)



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☐ 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

c. E-mail Address

d. Phone Number