



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1665

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

West Lakes Partnership is doubling down on the economic viability of the neighborhoods in the Communities of West Lakes in the City of Orlando. The funds requested will provide West Lakes Partnership with the capacity to add staff focused on guiding the creation of a strategy plan to connect investment opportunities, employment and place making concepts to enhance the area for growth. As part of this strategy, in partnership with the West Lakes Market District, we included a clean-up component to make the neighborhood and businesses feel safer.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	125,000
Fixed Capital Outlay	0
Total State Funds Requested	125,000

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)	125,000	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 2024-2025	125,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	125,000	2523	Yes

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



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

CDBG-CV in the amount of \$329,600 for covid supply and hot meal delivery.

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	This position will provide oversight of the project from start to completion	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted services with West Lakes Market District for clean-up services for 1-year in a heavy tourist area near Camping World Stadium. Pays for clean-up crew staffing. This is an urban neighborhood that believes in up from the bootstraps control of their neighborhood appearance.	50,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Lead Consultant will provide design prospective that recognizes the relationship between transportation, private development, and civic spaces. The value of our neighborhoods far exceeds the mere sum of its buildings. That will help develop a plan that leads to business growth and a profound impact on the quality of life and defines the livability and growth of our service area.	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		125,000

14. Program Performance

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



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Proven grassroots approach to community enhancement

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

1). Convene a series of Community Meetings with consultant to develop a plan to enhance further growth in housing, transportation and economic growth; 2) Immediate job creation; and 3). and clean-up environmental minor debris spots in the neighborhood.

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

Hire 5-10 low-to-moderate individuals to constructed a clean-up team to tackle debris filled areas. Invite 40 vendors to set-up pop-up shops in the area 8 community meetings x 90 residents per meeting to develop a strategic plan for further community enhancements as endorsed by this Governor.

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

The residents of House District 41 who desire a better neighborhood in the City of Orlando.

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

West Lakes Partnership believes in data-based methodology that driven by outcome. We will measure ourselves by the following: Hire 10 low-to-moderate individuals to constructed a clean-up team to tackle debris filled areas, supplement the printing of a brochure aimed at tourists that highlights the landmarks of the neighborhood, and invite 40 vendors to set-up pop-up shops in the area to increase economic acclivity in the neighborhood. In terms of strategy, we will produce a plan by the end of this grants that looks at the holistic improvements needs in the area.

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?

If goals are not fully meet, we will pay back the grant in those areas. Additionally, we will not apply again for two years.

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



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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