



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2627

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construction of a trailhead with related facilities including but not limited to restrooms, shade structures, parking, pathways, adjacent trail, and amenities such as benches, bike racks, water fountain, trash cans, and bike repair station. Trailhead supports the regional Wekiva Trail systems, which is part of the Office of Greenways Trails Priority Trail System.

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	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	500,000	50%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,000,000	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?

No

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



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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)? No

c. What is the estimated start date of construction? July 2024

d. What is the estimated completion date of construction? 2/2025

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.

Lake County Board of County Commissioners.

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	Vehicle, fuel, printer, computer, phone	1,000
Consultants/Contracted Services/Study	Design, permitting, and construction bid documents.	79,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Vehicle, fuel, printer, computer, phone.	3,000
Consultants/Contracted Services/Study	Materials, equipment, site inspection, project close out.	2,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, permitting, construction bid documents, and construction of trailhead building and related structures and amenities.	415,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

This project will provide recreation opportunities such as cycling, walking and running for residents and visitors of Lake County in support of the Wekiva Regional Trail System.
 Increase economic activity by providing a location with appropriate amenities to support running and cycling events.

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



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The trailhead will provide Lake County residents and visitors facilities to support increase in outdoor activities and recreation such as cycling, jogging, rollerblading, and walking. The facility will offer the necessary amenities, such as parking, restrooms, and water, to support various cycling and pedestrian events that will benefit local businesses and economy.

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

The trailhead will provide Lake County residents and visitors facilities to support increase in outdoor activities and recreation such as cycling, jogging, rollerblading, and walking. The facility will offer the necessary amenities, such as parking, restrooms, and water, to support various cycling and pedestrian events that will benefit local businesses and economy.

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

This project will benefit all citizens of Lake County and the surrounding areas and is expected to serve in excess of 800 people.

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

Project will provide benefits to Lake County residents and visitors by providing facilities to support increase in outdoor exercise such as cycling, jogging, rollerblading and walking. This can be measured by collecting data from bike, pedestrian and vehicle counters. The project will improve economic activity in the area through tourism by providing a focal point for hosting various events. This will be measured through monitoring scheduled events, hotel, restaurant and retail sales, in addition to data collected from counters.

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 County Office of Procurement Services in coordination with Lake County Office of Parks & Trails contracting officer will include the appropriate penalties (financial penalties including bond forfeiture) to ensure quality.

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