



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1873

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 West Lakes. The funds requested will provide West Lakes Partnership with capacity to add staff focused on guiding the creation of a Main Street program. The goal is to have a local partner at the table to connect opportunities with investment, building economic relationships that lead to lasting success for West Lakes. Per a resident survey, as part of this strategy, a youth and clean-up component has been included to make the neighborhood and business district safer. West Lakes Partnership has support from a wide circle of governmental and private donors, and just needs this grant to finish building out the project framework.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	60,000
Fixed Capital Outlay	0
Total State Funds Requested	60,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	60,000	86%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	10,000	14%
Total Project Costs for Fiscal Year 2021-2022	70,000	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.

If funded this year, it will put West Lakes Partnership in the position to start the project while allowing the opportunity to raise matching dollars the year thereafter.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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

Not as of this application.

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	Support and community engagement staff	5,000
Expense/Equipment/Travel/Supplies/Other	Operational expenses (rent, office supplies, etc.)	5,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Programmatic operations for clean-up and Main Street programs	25,000
Consultants/Contracted Services/Study	Programmatic expenses and contracted services for youth services and support	25,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		60,000

12. Program Performance

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

West Lakes Partnership is doubling down on the economic viability of West Lakes. The funds requested will provide West Lakes Partnership with capacity to add staff focused on guiding the creation of a Main Street program. The goal is to have a local partner at the table to connect opportunities with investment, building economic relationships that lead to lasting success for West Lakes. Per a resident survey, as part of this strategy, a youth and clean-up component has been included to make the neighborhood and business district safer.

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

Creation and support of a Main Street program, quarterly neighborhood clean-up team, and a youth service program for 150 young people in west Orlando.

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

The Main Street Business District will help local small business owners expand their businesses in a much needed area where employment opportunities do not exist. The youth component is ready to engage 150 youths that live in and around the West Lakes neighborhood that have little to do. Lastly, the clean-up program will employ residents and other individuals to target blighted areas in the neighborhood for improvement.

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

The Main Street program = 200 businesses
The West Lakes Clean-Up program = 3500 residents
The West Lakes Youth program = 150 youth

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



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Expected benefits of the program include creation of a Main Street program to expand economic opportunities in west Orlando; engagement of 150 youth in meaningful programming; and reduction of blight by 30% or more with the neighborhoods of West Lakes. The six step program outline will include 1). Scope; 2). Schedule; 3). Budget; 4). Achievement of program goals; and finally, 5). Customer satisfaction. This methodology will help avoid misalignment which results in miscommunication, discontent, and the eventual fragmenting of the project into silos—a recipe for program ineffectiveness.

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?

West Lakes Partnership will return all unused money and not apply for future funding.

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.

Not applicable to this application.



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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