



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1866

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Lake County, south of Wellness Way Clermont, is experiencing rapid growth and is in need of public safety services. A new multi-discipline public safety complex is currently in the planning phase and will house multiple ambulances and fire apparatus. The Sheriff's office requests a facility for civilian, aviation (helicopter), and sworn law enforcement services. Orlando Regional Medical Center's AirCare Team has inquired to create a public-private partnership at this facility.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	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 2025-2026	1,000,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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? 01/01/2028

d. What is the estimated completion date of construction? 01/01/2030

e. What funding stream will be used for ongoing operations and maintenance of the project?

General fund and specific EMS and fire funds.

11. 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

12. 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		
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	Fund Design of New Facility	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

It is proposed by 2030 that Wellness Way will generate \$542,888,471 additional dollars into South Lake County. The rapid growth in this area of the county provides a major opportunity for the center of the state, as well as challenges. In order to meet the demand of this growth (and future expected growth), the County seeks funds to support a new multi-discipline public safety complex.

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

The new public safety complex will provide fire rescue, emergency, and law enforcement services to residents of South Lake and surrounding areas.



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

The new public safety complex will provide fire rescue, emergency, and law enforcement services to residents of South Lake and surrounding areas.

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

All residents in Lake County and the surrounding areas, will benefit from these services. Approximately 500,000 could be served.

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

The expected benefit or outcome of this project is to provide public safety services for all resident of South Lake and the surrounding areas.

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 in the contract?

A pro rata return of state dollars would be appropriate if the project does not perform as expected.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.