

The Florida Senate Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2383

1. Project Title	Lake Wales - Airport Access Road						
2. Senate Sponsor	Colleen Burton						
2 Date of Bonuset	2/4/2025						
3. Date of Request	3/4/2025						
4. Project/Program Des	scription						
Lake Wales is experi access from the west	iencing population side. The airport i	growth and anne s seeking funds t	exation of property. The o add a secondary accordance	city airport is under ess road on the wes	rutilized due to limited at side of the airfield.		
5. State Agency to reco	eive requested fu	nds Depart	ment of Transportation				
State Agency contact	cted? Yes	<u> </u>					
6. Amount of the Nonre	ecurring Request	for Fiscal Year	2025-2026				
Type of Funding			Amo	Amount			
Operating			0				
Fixed Capital Outlay				1,500,000			
Total State Funds R	equested			1,500,000			
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (includin	g matching funds ava	ilable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds Re	quested (from que	estion #6)	1,500,000	75%			
Matching Funds							
Federal			0	0%			
State (excluding the amount of this request)			0	0%			
Local			500,000	25%			
Other			0	0%			
Total Project Costs	for Fiscal Year 20)25-2026	2,000,000	100%			
8. Has this project pre-	viously received	state funding?	No				
If yes, provide the m	•	_	110				
					1		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future-year funding	ng likely to be req	uested?	No				
a. If yes, indicate no	nrecurring amou	nt per year.					
h Describe the sour	rce of funding the	at can be used i	n lieu of state funding				
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2383

. What is the estimated start date of cor	10/01/2025		
. What is the estimated completion date	06/01/2026		
. What funding stream will be used for one of the wales Airport Authority funding, pote or ovide increased income to the airport authors.	ential new businesses		

12. Details on how the requested state funds will be expended

a. What is the current phase of the project?

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/Majo	r 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.	1,500,000
Total State Funds Requested (must equal total from question #6)		

13. Program Performance

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

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 by being able to utilize usable property for job 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.



☐ Yes, Received

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2383

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 airpowill create additional permanent local jobs for Florida residents. Potential for more aeronautics related tourism.
d. Who is the target population served by this project? How many individuals are expected to be served?
Construction laborers. Aeronautics enthusiasts.
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
The airport expects the addition of the access road would bring new businesses to the airport and the region due to the vacant parcels on the west side being accessible. Track number of businesses locating the airport and number of jobs created.
f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltic for failing to meet deliverables or performance measures provided for in the contract?
Lake Wales should investigate and report project delays and cancellations as to why they were not able to complete this project.
4. Is this project related to mitigation, response, or recovery from a natural disaster? No
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 infastructure)
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. 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:
6. Has the entity applied for or received state assistance for this project (other than this request)? □ Yes, Applied



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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 Last Name Irvine a. First Name Sara City of Lake Wales b. Organization c. E-mail Address | sirvine@lakewalesfl.gov **d. Phone Number** (863)678-4182 **Ext.** 1188 18. Recipient Contact Information a. Organization City of Lake Wales b. Municipality and County | Polk c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) ☑Local Entity □University or College □Other (please specify) Last Name | Slaton d. First Name **James** e. E-mail Address | Jslation@lakewalesfl.gov **f. Phone Number** (863)678-4182 Ext. 19. Lobbyist Contact Information a. Name None b. Firm Name c. E-mail Address d. Phone Number



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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