



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1842

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The City of Winter Garden, in partnership with Healthy West Orange and Advent Health, is requesting \$2.5 million to build a state-of-the-art holistic health and wellness facility with a working and teaching farm at Tucker Ranch. The goal is to provide a certified health and nutrition curriculum with an emphasis on teaching participants to grow local Fresh from Florida produce. The priority is to reduce serious health conditions that are affected by diet.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
Total State Funds Requested	2,500,000

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)	2,500,000	8%
Matching Funds		
Federal	14,050,000	44%
State (excluding the amount of this request)	0	0%
Local	8,000,000	25%
Other	7,200,000	23%
Total Project Costs for Fiscal Year 2024-2025	31,750,000	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?** Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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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.

The city was reimbursed \$271,454 from the CARES ACT for the necessary expenditures incurred due to the Public Health Emergency responding to COVID-19.

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)?

Yes

c. What is the estimated start date of construction?

1/2024

d. What is the estimated completion date of construction?

9/2025

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.

City of Winter Garden.

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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
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	The construction documents are complete with work scheduled to begin January 2024. State funds will be used to construct the demonstration kitchen, greenhouse, and edible gardens.	2,500,000
Total State Funds Requested (must equal total from question #6)		2,500,000

14. Program Performance

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

The City of Winter Garden, in partnership with Healthy West Orange and Advent Health, is requesting \$2.5 million to build a state-of-the-art holistic health and wellness facility with a working and teaching farm at Tucker Ranch. The goal is to provide a certified health and nutrition curriculum with an emphasis on teaching participants to grow local Fresh from Florida produce. The priority is to reduce serious health conditions that are affected by diet.



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

The activities and services that will be provided include a certified health and nutrition curriculum with an emphasis on teaching participants to grow local Fresh from Florida produce. The goal is to reduce serious health conditions that are affected by diet.

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

Develop certified curriculum for nutrition education, mental health and fitness. Examples: Health Screening, Healthy Meal Planning, Understanding Heart Disease, Cooking Classes, Farm Field Trips, Vegetable Gardening 101, Canning 101, Weight training, Running and Walking Clubs, Yoga, Tai Chi, Silver Sneakers, Work Life Balance and Importance of Nature to Your Wellbeing.

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

Elderly Persons, persons with poor mental and physical health, economically disadvantage persons, at-risk youth, developmentally disabled, physically disabled, preschool students, grade school students, high school students, university/college students and general (the majority of funds will benefit no specific group). Target population is >800,000.

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

There will be a full range of educational programming and services for adults, children, seniors and teens ranging from healthy eating, fitness and mental wellbeing. The overall expected benefit is to improve individual health and well being, with the goal of either preventing, reducing symptoms of, or reversing disease. Outcome will be measured by the total number of class attendees through the RecTrac System, total lbs. of local produce grown and sold through an inventory system TBD (including city partners/vendors), total number of fitness programs and attendees through the RecTrac System. Fitness and health before and after outcomes through health assessments by partner providers.

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?

Return of funds for failure to complete the project.

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



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University or College

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