

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2413** 

| 1. Project Title                             | General Aviation Terminal P                                                                      |           |                       |                      |                        |  |
|----------------------------------------------|--------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------|------------------------|--|
| 2. Senate Sponsor                            | Travis Hutson                                                                                    |           |                       |                      |                        |  |
| 3. Date of Request                           | 11/21/2023                                                                                       |           |                       |                      |                        |  |
| 4. Project/Program De                        | escription                                                                                       |           |                       |                      |                        |  |
| lean-to, to an existing                      | ew General Aviation (GA) Term<br>g hangar building. The new 15,<br>erated FBO and its appurtenar | 529 SF    | GA Terminal Building  | will accommodate     | airport administrative |  |
| 5. State Agency to rec                       | eive requested funds                                                                             | epartm    | ent of Transportation |                      |                        |  |
| State Agency conta                           | cted? No                                                                                         |           |                       |                      |                        |  |
| •                                            |                                                                                                  | ·/ 00     | 0.4.0005              |                      |                        |  |
| b. Amount of the Nonr                        | ecurring Request for Fiscal \                                                                    | rear 20   | <b>24-2025</b>        |                      | 1                      |  |
| Type of Funding                              |                                                                                                  |           | Amo                   |                      |                        |  |
| Operations                                   |                                                                                                  |           | 0                     |                      |                        |  |
| Fixed Capital Outlay                         |                                                                                                  |           | 5,000,000             |                      |                        |  |
| Total State Funds F                          | Requested                                                                                        |           |                       | 5,000,000            |                        |  |
| 7. Total Project Cost fo                     | or Fiscal Year 2024-2025 (inc                                                                    | luding    | matching funds avai   | ilable for this proj | ect)                   |  |
| Type of Funding                              |                                                                                                  |           | Amount                | Percentage           |                        |  |
| Total State Funds Re                         | equested (from question #6)                                                                      |           | 5,000,000             | 50%                  |                        |  |
| Matching Funds                               |                                                                                                  |           |                       |                      |                        |  |
| Federal                                      |                                                                                                  |           | 0                     | 0%                   |                        |  |
| State (excluding the amount of this request) |                                                                                                  |           | 0                     | 0%                   |                        |  |
| Local                                        |                                                                                                  |           | 5,000,000             | 50%                  |                        |  |
| Other                                        |                                                                                                  |           | 0                     | 0%                   |                        |  |
| <b>Total Project Costs</b>                   | for Fiscal Year 2024-2025                                                                        |           | 10,000,000            | 100%                 |                        |  |
| 8. Has this project pre                      | eviously received state fundir                                                                   | ng?       | No                    |                      |                        |  |
| Fiscal Year                                  | Amount                                                                                           |           | Specific              | Vetoed               |                        |  |
| (уууу-уу)                                    | Recurring Nonrecu                                                                                | rring     | Appropriation #       |                      |                        |  |
|                                              |                                                                                                  |           |                       |                      |                        |  |
| 9. Is future funding lik                     | ely to be requested?                                                                             |           | No                    |                      |                        |  |
| a. If yes, indicate no                       | onrecurring amount per year                                                                      |           |                       |                      |                        |  |
| b. Describe the sou                          | rce of funding that can be us                                                                    | sed in li | ieu of state funding. |                      |                        |  |
| Other State and/or                           | Federal Grants.                                                                                  |           |                       |                      |                        |  |
| 10 Has the entity requ                       | uesting this project received                                                                    | any fec   | laral assistance rela | ted to the COVID     | 19 nandemic?           |  |
| V                                            | acoung tino project received                                                                     | arry rec  | iorai assistante fela | ica to the COVID-    | io panacinio:          |  |

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



11. Status of Construction

a. What is the current phase of the project? O Dooign

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0

5,000,000

5,000,000

Flagler County has received approximately \$20 million from CARES which was used for business and individual assistance grants, local government including municipalities and public safety. Flagler County has also received \$22 million in ARPA funds which is for local infrastructure projects and broadband.

Construction NI/A

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| Planning                                                              | Construction          | O IN/A      |                        |          |
|-----------------------------------------------------------------------|-----------------------|-------------|------------------------|----------|
| b. Is the project "shovel ready" (i                                   | Yes                   |             |                        |          |
| c. What is the estimated start dat                                    | e of construction?    | 01/01/2025  |                        |          |
| d. What is the estimated complet                                      | ion date of construc  | 07/01/2026  |                        |          |
| 12. List the owners of the facility to relationship between the owner |                       |             | al outlay funding. Inc | lude the |
| Flagler County Board of County (                                      | Commissioners         |             |                        |          |
| 13. Details on how the requested sta                                  | ate funds will be exp | ended       |                        | Г        |
| Spending Category                                                     |                       | Description | Description            |          |
| Administrative Costs:                                                 |                       |             |                        |          |
| Executive Director/Project Head Salary and Benefits                   |                       |             |                        | C        |
| Other Salary and Benefits                                             |                       |             |                        | С        |
| Expense/Equipment/Travel/Supplies/                                    |                       |             |                        | C        |

#### 14. Program Performance

Planning Engineering

Consultants/Contracted Services/Study

Consultants/Contracted

Salary and Benefits

Services/Study

Other

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

**Fixed Capital Construction/Major Renovation:** 

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

Total State Funds Requested (must equal total from question #6)

To construct a new and larger terminal to replace a 30 year old aging facility. The funding will increase capacity, replace the aging infrastructure, achieve compliance with ADA, improve access for the historically disadvantaged populations, improve airport safety and energy efficiency and create high-value, high wage jobs.

Permitting, site work and construction of a 10,000 square foot facility.

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



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To construct a new General Aviation (GA) Terminal. This new facility will be a 15,529 SF GA Terminal Building and will accommodate airport administrative offices, an airport operated FBO and its appurtenant facilities, public space, meeting space, an airport operated FBO and its appurtenant facilities, public space, meeting space, and room for additional small tenants.

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

It will provide new offices, administration space, pilot lounge and flight planning. The building will also serve the Airport Administration and the airport operated (Fixed-Based Operator) FBO. This project will enhance safety with more centralized control between the landside and airside areas and increase capacity to support aeronautical demands now and into the future.

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

The general population in Flagler County will benefit from increased economic activity and from a safety perspective. The total population benefiting is around 130K.

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

The project will allow the Flagler Executive Airport (FIN) to improve customer service and improve efficiency, meet ADA requirements and provide users with more amenities and options creating better travel conditions. The new terminal building will increase development at the airport, which will lead to business opportunities and job creation, and will enhance safety with more centralized control between the landside and airside areas. The measures will include the number of customers and businesses using the new terminal indicating ease of access, and improved efficiency as a result of design along with an increased number of hangar leases.

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?

|                                  | Standard contract penalties are sufficient. |                                              |                       |           |        |   |  |
|----------------------------------|---------------------------------------------|----------------------------------------------|-----------------------|-----------|--------|---|--|
|                                  |                                             |                                              |                       |           |        |   |  |
| 5.                               | Requester Contact                           | t Informati                                  | ion                   | 1         |        |   |  |
|                                  | a. First Name                               | Heidi                                        |                       | Last Name | Petito |   |  |
|                                  | b. Organization                             | Flagler County Board of County Commissioners |                       |           |        |   |  |
|                                  | c. E-mail Address                           | hpetito@                                     | flaglecounty.gov      |           |        |   |  |
|                                  | d. Phone Number                             | (386)313                                     | -4001                 | Ext.      |        |   |  |
| 6. Recipient Contact Information |                                             |                                              |                       |           |        |   |  |
|                                  | a. Organization                             | Flagler C<br>Commissi                        | ounty Board of Coners | County    |        |   |  |
|                                  | b. Municipality and                         | d County                                     | Flagler               |           |        | ] |  |
| (                                | c. Organization Ty                          |                                              |                       |           |        |   |  |
| □For Profit Entity               |                                             |                                              |                       |           |        |   |  |
|                                  | □Non Profit 501(d                           | c)(3)                                        |                       |           |        |   |  |
|                                  | □Non Profit 501(c)(4)                       |                                              |                       |           |        |   |  |
|                                  | ☑Local Entity                               |                                              |                       |           |        |   |  |
|                                  | □University or Co                           | llege                                        |                       |           |        |   |  |



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□Other (please specify)

**d. Phone Number** (904)358-2757

| d. First Name                    | Roy                       | Last Name | Sieger |  |  |  |
|----------------------------------|---------------------------|-----------|--------|--|--|--|
| e. E-mail Address                | rsieger@flaglercounty.gov | 1         |        |  |  |  |
| f. Phone Number                  | (386)313-4220             |           |        |  |  |  |
| 17. Lobbyist Contact Information |                           |           |        |  |  |  |
| a. Name                          | T. Martin Fiorentino Jr.  |           |        |  |  |  |
| b. Firm Name                     | The Fiorentino Group      |           |        |  |  |  |
| c. E-mail Address                | toni@thefiorentinogroup.c | om        |        |  |  |  |