



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3236

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hernando County is requesting funding for the repair and rehabilitation of the inactive runway at the Brooksville Airport & Technology Center (BKV) to a condition compatible with safely receiving aircraft as a newly improved taxi-lane. Repairing this aviation access point to facilitate aircraft mobility/movement will allow Hernando County to capitalize on the surge in interest from aviation clients and provide the opportunity for additional job creation, capital investment and securing long-term tenants. The County has spent \$1.8 million in previous fiscal years towards this project. With the recent immediate interest the County is requested state assistance in FY 22/23. Funding was appropriated by the legislature in FY 22/23. The County has not been able to access the funds due to DOT requirements and asks that the money be reappropriated during FY 23/24.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,000,000</b>	<b>100%</b>

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?  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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



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

## 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

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Engineering, final design and rehabilitation of northern portion of inactive runway	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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



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Funds are being requested to repair and rehabilitate the inactive runway at BKV to a condition compatible with safely receiving aircraft as a newly improved taxi-lane. This will allow Hernando County to capitalize on the surge in interest from aviation clients and provide the opportunity for additional job creation, capital investment and securing long-term tenants.

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

Repair and rehabilitation of the inactive runway within the Aviation Expansion Zone to a condition compatible with safely receiving aircraft as a newly improved taxi-lane

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

The infrastructure improvements within the Aviation Expansion Zone will serve current and future businesses and employees located within the BKV Airport & Technology Center. Improvements within the Aviation Expansion Zone will provide for additional airside investment and job creation. The AEZ is under consideration by several companies including Cargo Operators, Logistics & Warehouse, Aviation Maintenance and Repair Facilities and Regional Jet Services. These projects have the potential to create more than 300 new jobs in our community with wages that exceed our average annual wage.

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

The target population would be current and future workforce between ages of 18-65, as well as targeted industries for business recruitment and expansion.

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

There are potential opportunities for aviation investment along the inactive runway. By rehabilitating this area, the County is able to expand its marketing to include the Aviation Expansion Zone to interested businesses. This will be measured by the increased recruitment and commitment of businesses at BKV.

**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?**

Revoke funding if construction for project is not completed.

**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)



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- Local Entity
- 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**