



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2013

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project is directly related to an ongoing economic development project at the Keystone Heights Airport which is being managed by Bradford County and funded through a DEO Florida Jobs Growth Grant. That project is a coordinated effort between Bradford County, the Keystone Heights Airport and the City of Keystone Heights, Florida; all of which support this project and request for funds.

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	4,600,000
Total State Funds Requested	4,600,000

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)	4,600,000	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	4,600,000	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? 08/01/2025

d. What is the estimated completion date of construction? 09/01/2026

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

Revenue from increase usage of the airport.

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.

Keystone Airport

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	Cost of Construction Project related costs and expenses including project management, survey, engineering and staff.	4,600,000
Total State Funds Requested (must equal total from question #6)		4,600,000

13. Program Performance

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

Traffic safety, FDOT permitting requirements, economic Development, and added value to the existing DEO funded project are the specific goals of the funding request. Due to the nature of the project and coupled with the FDOT regulatory requirements, turn lanes and partial reconstruction of the existing driveway at the Keystone Heights Airport will be required. The requested funding will ensure the FDOT safety standards are met and transportation engineering design and analysis are compliant.

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



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Traffic study, job growth, economic gains, enriched local opportunities for skilled trade workers and increased infrastructure improvements to the existing community network of economic development.

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

Measured and sustained economic opportunities within a REDI community. The added value to the existing project will create a safe transportation system as an entry point for job growth. The fundamental attributes of the DEO grant will be enhanced to serve the local community and foster economic development within Bradford County and have radius of affect in the surrounding community.

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

Skilled labor force, technical labor, professional services, commercial & general aviation industry, military training operations (FNG), 500-1000 people

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

Improved safety and access into the airport thereby reducing vehicular accidents on State Road 100.
FDOT Traffic Impact Analysis

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?

No additional penalties are warranted.

14. 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 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)?



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- Yes, Applied
- Yes, Received
- 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) Special Dependent District

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.