



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2207

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

4. Project/Program Description

The City of Tallahassee/Tallahassee International Airport (TLH) seeks funding to enhance commercial air service, expand non-stop routes, and improve intrastate connectivity. This investment will lower airfares, attract new carriers, boost competition, and support economic growth. As a key transportation hub and emerging Foreign Trade Zone, TLH will strengthen business, trade, and job creation opportunities.

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	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	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		
>5 years	0	1,000,000	2234	No

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Funding will be used to recruit and attract new air service in accordance with the Federal Aviation Administration's Air Carrier Incentive Program Policy Guidance, State Travel Demand/Guidance and Community Input.	1,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

The funds will enhance commercial air service, expand non-stop routes, and improve intrastate connectivity, making air travel more affordable and accessible. This investment will attract new carriers, increase competition, lower airfares, and support economic growth by strengthening business, trade, and job creation opportunities in Tallahassee and the surrounding region.

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



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The funds will support air service recruitment efforts, including incentives for new carriers, expanded non-stop routes, and increased seat capacity to enhance connectivity. Activities will align with FAA Air Carrier Incentive Program guidelines, state travel demand, and community input. These efforts will boost competition, lower fares, attract business investment, and strengthen trade and tourism opportunities.

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

The appropriation will provide expanded non-stop flight options, increased seat capacity, and lower airfare costs, making air travel more accessible and affordable for business and leisure travelers. Improved air service will enhance intrastate and national connectivity, support economic growth, job creation, and trade opportunities, and ensure greater travel convenience for residents, businesses, and visitors.

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

The target population includes business and leisure travelers, government agencies, and local industries that rely on efficient air service for commerce, tourism, and economic growth. Enhanced airline service will provide greater connectivity, increased travel options, and improved affordability for residents and businesses. The project is expected to serve over 1,000,000 individuals annually.

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 enhance connectivity, increase passenger traffic, and support economic growth by expanding and retaining air service at Tallahassee International Airport. Success will be measured through passenger traffic counts, airline service frequency, and airport economic impact assessments, tracking enplanement growth, travel demand, business activity, and regional airfare competitiveness to ensure long-term benefits.

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?

The requested funding would be returned to the appropriate state agency.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- 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)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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c. E-mail Address

d. Phone Number

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