

1. Project Title

The Florida Senate **Local Funding Initiative Request** Fiscal Year 2025-2026

Panama City - Bay County Airport North Terminal Expansion Program

LFIR # 2613

| 2. Senate Sponsor | Jay Trumbull | | | | | |
|--|---|--|--|---------------------|--|--|
| 3. Date of Request | 2/17/2025 | | | | | |
| 4. Project/Program De | escription | | | | | |
| the final year of the t ECP the new Airport | Expansion Program is a result of the old airport in Panama City (PF t, there were nearly 1.9 million tota ructure, resulting in the need for a | FN) there were approximal passengers. This grow | ately 312500 total pas th has place a great | ssengers in 2024 at | | |
| existing baggage clab baggage claim area | f an approximately 73,000 square aim area by approximately 315 fee of the existing terminal building c will be replaced and 3 additional p | et. The North TEP include onnecting to a new secu | es relocating the TSA re vertical circulation | SSCA to the current | | |
| 5. State Agency to red | ceive requested funds Dep | partment of Transportation | n | | | |
| State Agency conta | acted? No | | | | | |
| | | | | | | |
| 6. Amount of the Noni | recurring Request for Fiscal Ye | ar 2025-2026 | | | | |
| Type of Funding | | Am | nount | | | |
| Operating | | | 0 | | | |
| Fixed Capital Outlay | 1 | | 5,000,000 | | | |
| Total State Funds I | Requested | | 5,000,000 | | | |
| | | | | | | |
| 7. Total Project Cost f | or Fiscal Year 2025-2026 (include | ding matching funds av | allable for this proj | ect) | | |
| Type of Funding | | Amount | Percentage | | | |
| Total State Funds R | equested (from question #6) | 5,000,000 | 13% | | | |
| Matching Funds | | | | | | |
| Federal | | 10,000,000 | 24% | - | | |
| State (excluding the | amount of this request) | (| 0% | - | | |
| Local | | 26,000,000 | | | | |
| Other | | (| 0% | | | |
| Total Project Costs | s for Fiscal Year 2025-2026 | 41,000,000 | 100% | | | |
| 0.11 | | 0 N | | | | |
| | eviously received state funding | ? No | | | | |
| if yes, provide the | most recent instance: | | | | | |
| Fiscal Year | Amount | Specific | Vetoed | | | |
| (уууу-уу) | Recurring Nonrecurri | A | | | | |
| | | | | | | |
| | | | | 1 | | |
| 9. Is future-year fundi | ing likely to be requested? | Yes | | | | |

5,000,000

a. If yes, indicate nonrecurring amount per year.

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



10. Status of Construction

a. What is the current phase of the project?

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0

0

0

5,000,000

5,000,000

Funding is from Bipartisan Infrastructure Law (BIL) and local funding are the possible funding sources at this time.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

| Planning O Design | Construction | O N/A | | | |
|---|--------------------------------|-----------|-------------------|-----------------|--------|
| b. Is the project "shovel ready" (| i.e permitted)? | | Yes | | |
| c. What is the estimated start dat | te of construction? | | 09/01/2025 | | |
| d. What is the estimated complet | ion date of construc | tion? | 06/01/2028 | | |
| e. What funding stream will be us | sed for ongoing oper | rations a | nd maintenance o | of the project? | |
| The ongoing costs for the Terminathe the District. | al Expansion will be in | cluded in | the annual operat | ing budget of | |
| Panama City - Bay County Airpo | | | • | | |
| 12. Details on how the requested sta | ate funds will be exp | ended | | | |
| Spending Category | | D | escription | | Amount |
| Administrative Costs: | | | | | |
| Executive Director/Project Head Salary and Benefits | | | | | |
| Other Salary and Benefits | | | | | |
| Expense/Equipment/Travel/Supplies/Other | | | | | |
| Consultants/Contracted | | | | | |

13. Program Performance

Planning Engineering

Services/Study

Services/Study

Other

Operational Costs
Salary and Benefits

Consultants/Contracted

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)

The funding will utilized to supplement the funding for the North Terminal Expansion Program at ECP. This project is the Expansion of the Airport Terminal at ECP to meet the continued demand and growth of Northwest Florida.

Construction and Project Management



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

The TEP includes approximately 80,000 sf of additional terminal and concourse space including but not limited to the Security Checkpoint, Baggage Claim, Holdrooms, passenger amenities and 3 additional gate positions with Passenger Boarding Bridges.

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

The Project will create three (3) new commercial air traffic gates leading to a 33% increase in travel options and availability for the Panhandle and travelers throughout the world.

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

The District Airport serves almost 2 million passengers per year all across the panhandles, the state of Florida, the United States and the world. The Project would grow the target population by increasing offerings throughout the world.

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

The expected out come will be providing additional and expanded air travel opportunities for residents and guests of our Region. In addition these increased recreational travel opportunities will lead to increases in additional economic development opportunities throughout the Panhandle and helps the region to recruit business relocation to the State of Florida.

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?

14. Is this project related to mitigation, response, or recovery from a natural disaster? No a. If Yes, what phase best describes the project?

In the event of failing to meet deliverables or performance measures, unused funds will be returned to the State.

| 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 infastructure) 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 app | lied for or received state | assistance f | or this projec | t (other tha | n this request |)? |
|---------------------------------------|---|---------------|-----------------|--------------|----------------|------------------|
| ☐ Yes, Applied | | | | | | |
| ☐ Yes, Received | | | | | | |
| □ No | | | | | | |
| ☐ No, but intends to | o apply | | | | | |
| a. If yes, specify the Commerce): | e program and state ager | ncy (ex. Loca | al Governmen | t Emergenc | y Bridge Loar | ո, Department of |
| 17. Requester Contact | t Information | | | | | |
| a. First Name | Parker | Last Name | McClellan | | | |
| b. Organization | Panama City - Bay Count | y Airport and | Industrial Dist | rict | | |
| c. E-mail Address | pmcclellan@pcairport.con | n | | | | |
| d. Phone Number | (850)636-8965 | Ext. | | | | |
| 18. Recipient Contact a. Organization | Information Panama City - Bay Count Industrial District | y Airport and | | | | |
| b. Municipality and | d County Bay | | | | | |
| c. Organization Ty | pe | | | | | |
| □For Profit Entity | | | | | | |
| □Non Profit 501(c | c)(3) | | | | | |
| □Non Profit 501(c | c)(4) | | | | | |
| □Local Entity | | | | | | |
| □University or Co | llege | | | | | |
| ☑Other (please sp | pecify) Independent Specia | al District | | | | |
| d. First Name | Parker | Last Name | McClellan | | | |
| e. E-mail Address | pmcclellan@pcairport.con | n | | | | |
| f. Phone Number | (850)636-8965 | Ext. | | | | |
| 19. Lobbyist Contact I | nformation | | | 7 | | |
| a. Name | Heather L. Turnbull | | | | | |
| b. Firm Name | Rubin, Turnbull & Associa | ates | | | | |



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| c. E-mail Address | ress heather@rubinturnbull.com | |
|-------------------|--------------------------------|--|
| d. Phone Number | (305)495-3868 | |

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