



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2652

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Build, deliver, and provide operations and management for one Lighter than Air platform to be used to mitigate disaster relief, providing the only available stationary platform with the ability to hold its position, enabling currently non-existent emergency response capabilities, persistent surveillance for law enforcement and security applications, and re-constitute or extend communications, for emergency situations or in underserved areas, advancing education, commerce and industry.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 6,000,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>6,000,000</b> |

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 6,000,000        | 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 2024-2025</b> | <b>6,000,000</b> | <b>100%</b> |

8. **Has this project previously received state funding?**  Yes  No

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. **Is future funding likely to be requested?**  Yes  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?**

Yes  No



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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    
  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?

**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                                | Purchase of one Lighter than Air platform for statewide utilization and support services for operation and maintenance. | 6,000,000        |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      |   | 0                |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>6,000,000</b> |

**14. Program Performance**

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

UAV Corp/Skyborne Technology will design, build, test, manage and operate one Lighter than Air sole source platform and coordinate with the State of Florida and other Federal, Industry and Academic partners to select and enable the appropriate technology solutions to address current shortfalls in emergency management, communications, security and other requirements highlighted by the State.

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



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UAV Corp/Skyborne Technology will design, build, test, manage and operate one Lighter than Air sole source platform and coordinate with the State of Florida and other Federal, Industry and Academic partners to select and enable the appropriate technology solutions to address current shortfalls in emergency management, communications, security and other requirements highlighted by the State.

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

Dependent on the technology requirement direction of the State of Florida, the platforms can be used as an enabler for a host of technical solutions to include emergency management and services, disaster relief, communications, law enforcement, border, coastal and port security, precision agriculture, and advancing educational cultural and health programs.

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

All Florida citizens. This system will be available for emergency and other government responses statewide.

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

The platform can be used for a nearly endless variety of critical government purposes, including: to extend communications into underserved areas allowing broadband internet availability for programs that improve physical health, connect IoT and medical devices that can improve physical health and advanced services; to extend communications into underserved areas allowing broadband internet availability for programs that improve physical health, connect IoT and medical devices that can improve mental health and advanced services; to enable cultural experiences currently unavailable due to a lack of connectivity; to enable IoT for precision agriculture and deliver advanced education opportunities and connectivity; to deliver advanced education opportunities, programs and connectivity; to extend communications for environmental programs like precision agriculture, and provide remote sensing to uncover and monitor pollution, environmental issues, runoff, failing septic systems, wildlife

**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?**

Penalties for failing to meet deliverables or performance measures should result in UAV Corp./ Skyborne Technology to submit a corrective action plan to meet individual goals, and then if still nonconforming after an pre-determined grace period a appropriate reduction in funds.

**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)
- Local Entity



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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**