



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Airport Terminal Modifications for First Responders

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

The Melbourne Airport Terminal houses first responders during a hurricane and the area housing these first responders must be hardened to meet current wind load expectations to assure the safety of these first responders.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Transportation

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	550,000	550,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	188,333	25.5%
Other	0	0.0%
TOTAL	188,333	25.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 738,333

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Safety of First Responders following a major hurricane affecting Brevard County

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

Immediately following a major hurricane, first responders are required to get the airport open to receive any military, governmental, and other first responder personnel and equipment.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Hardening of facility	550,000
TOTAL		550,000

d. What are the direct services to be provided to citizens by the appropriations project?

Safety of First Responders and the airport.

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

All of Brevard County, as well as portions of Orange and Indian River Counties

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

Getting airport secure and ready to open as quickly as possible before, during and after a hurricane.

g. 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?

Withholding of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Facility is owned by the requester, the City of Melbourne Airport Authority.

13. Requestor Contact Information:

- a. **Name:** Bill Johnson, Senior Advisor
- b. **Organization:** City of Melbourne Airport Authority
- c. **Email:** bjohnson@mlbair.com
- d. **Phone Number:** (850)528-2692

14. Recipient Contact Information:

- a. **Organization:** City of Melbourne Airport Authority
- b. **County:** Brevard
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) Independent Airport Authority of the City of Melbourne, FL
- d. **Contact Name:** Bill Johnson, Senior Advisor



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e. E-mail Address: bjohnson@mlbair.com

f. Phone Number: (850)528-2692

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Robert Stuart

b. Firm: Gray Robinson

c. Email: Robert.Stuart@gray-robinson.com

d. Phone Number: (407)244-5606