

## The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 2043

Gulf County Airport Infrastructure								
2. Senate Sponsor	Loranne Ausley							
3. Date of Request	03/10/2021							
4. Project/Program De	scription							
Construct infrastruct	ure for a new airpo	ort in Gulf Coun	ty.					
5. State Agency to rec	eive requested fu	<b>nds</b> Depa	tment of Transportation					
State Agency contact	-							
6. Amount of the Nonr		for Fiscal Yea	r 2021-2022					
Type of Funding			Amo	ount				
Operations				0				
Fixed Capital Outlay	\			975,000				
Total State Funds R	Requested			975,000				
7. Total Project Cost fo	or Fiscal Year 202	1-2022 (includ	ing matching funds ava	ailable for this proj	ect)			
Type of Funding			Amount	Percentage				
Total State Funds Re	equested (from que	estion #6)	975,000	24%				
Matching Funds								
Federal	Federal			3,029,250 75%				
State (excluding the amount of this request)				0 0%				
	Local			50,000 1% 0 0%				
Other			0 <b>4,054,250</b>					
Total Project Costs	Total Project Costs for Fiscal Year 2021-2022			100%				
8. Has this project pre	viously received	state funding?	No					
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurrir	Specific Appropriation #	Vetoed				
9. Is future funding lik	ely to be requeste	ed?	No					
a. If yes, indicate no	onrecurring amou	nt per year.						
b. Describe the sou	rce of funding tha	at can be used	in lieu of state funding	J.	1			
10. Has the entity requ	losting this project	et received any	/ federal assistance rel	atad to the COVID	10 nandomic2			
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Yes								
	amount of funds i	received and v	what the funds were use	ed for.				



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11. 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: Other		·			
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major	r Renovation:	·			
Construction/Renovation/Land/ Planning Engineering	Funds will be used for design, permitting, and construction.	975,000			
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 975,0				

12	Program	Performance	_
12.	Program	Periormanc	Е

а	What	specific	purpose or	goal wi	II be ac	hieved	by the	funds i	equested?
a.	vviiat	Specific	pui pose oi	goai wi	II De ac	ille veu	DY LIIC	iuiius i	equesteu:

Design, permit, and construct a new airport in Gulf County.

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

Construct infrastructure necessary for a new airport in Gulf County.

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

A functioning airport.

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

Approximately 13,639 residents of Gulf County.

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

Positive economic impact.

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?

Impact future funding requests.

13. 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.

Gulf County will own the facility.



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14. Requestor Contact Information							
	a. First Name	Michael L.	Last Name Hammond				
	b. Organization	Gulf County Board of County Commissioners					
	c. E-mail Address	mhammond@gulfcounty-fl.gov					
	d. Phone Number	(850)229-6106	Ext.				
15.	15. Recipient Contact Information						
	a. Organization	Gulf County Board of County Commissioners					
	b. Municipality and	d County Gulf					
	c. Organization Type						
	□For Profit Entity	ntity					
	□Non Profit 501(c	O1(c)(3)					
	□Non Profit 501(c	(c)(4)					
	☑Local Entity						
	□University or Co	or College					
	□Other (please sp	ase specify)					
	d. First Name	Michael	Last Name Hammond				
	e. E-mail Address	mhammond@gulfcounty-fl.gov					
	f. Phone Number	(850)229-6106					
16	16. Lobbyist Contact Information						
10.	a. Name	Christopher T. Dawson					
	b. Firm Name	GrayRobinson PA					
	c. E-mail Address	chris.dawson@gray-robin	son.com				
	d. Phone Number	(407)843-8880					
		(+01)0+0-0000					