



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

## **FAA Form 5100-144, Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information**

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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0806. Public reporting for this collection of information is estimated to be approximately 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit under the Bipartisan Infrastructure Law (BIL) (P.L. 117-58). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

## **Instructions for FAA Form 5100-144, Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information**

This form is provided to assist airports in completing the submission requirements established in the related Notice of Funding Opportunity published in the Federal Register. The FRN requires requests to be signed and submitted via email message. This form lets the FAA process requests more quickly based on uniform information responsive to the FRN. Do not include any Personal Identifiable Information in the open text boxes.

Once the form is complete, save a copy of the form electronically to your files for future reference. Next, scroll to the bottom of the form and choose the “**Submit by Email**” button. That creates a new email message with the PDF attached. Or, as a backup method, you can manually email the form to: [9-ARP-BILAirports@faa.gov](mailto:9-ARP-BILAirports@faa.gov).

**Using Digital Signatures:** This form allows digital signatures. To access the digital signature field, save this form to your computer and then reopen it with a PDF reader or editor. The signature field often does not display when the form is viewed within a web browser.

## General Airport Information

### Airport Name

Enter the official airport name.

### LOCID

Enter the airport's FAA location identifier code.

### Point of Contact's Name

The Point of Contact (POC) must be the Airport Sponsor.

### Point of Contact's Title

Enter the Airport POC's Title.

### POC's Phone Number and Extension

Enter the Airport POC's phone number. The form formats the number when you proceed to the next field.

If there is an extension number, enter it in the next field after the phone number.

### POC's Email Address

Enter the Airport POC's email address.

## Project Overview

### Project Type

Choose the project type (Terminal or Tower).

### Multi-Modal Terminal

Choose Yes or No. Choose "Yes" if your project incorporates a connection to another mode of transportation (i.e. Bus or Rail Station).

### Current Project Stage

Choose the stage of the project for which you are requesting funding (Planning, Environmental, Design or Construction)

### Project Description

In 600 characters less, enter a complete project description.

### Target Timeframes

- **Date Project Costs Known.** Enter the month and year that all project costs will be known (e.g. professional services contract, bids or GMP received) (mm/yyyy).
- **Date Grant Fully Executed.** Enter the month, day, and year the sponsor can fully execute the grant offer based on known project costs (mm/dd/yyyy).

- **Construction Start Date.** Enter the construction start date month and year (mm/yyyy).

## Project Status

### **Total (Estimated) Project Cost**

Enter most recent cost estimate for the entire project, in whole dollars.

### **Amount of Funding Requested**

Enter amount of funding requested under this program, in whole dollars.

### **Match Available**

Does the Sponsor have matching funds? Choose Yes or No.

### **Delivery Method**

Choose the delivery method (Design/Bid, Design/Build, CM at Risk, Other). If "Other," state the proposed delivery method in the next field.

### **Bid or Guaranteed Maximum Price (GMP)**

Choose whether or not project has been publicly bid. If "No," provide an estimated bid date in the next field.

### **Phased Project**

Choose whether or not the project will be completed over multiple phases. If "Yes," list phase number covered by this application and total number of phases in the next field.

### **Do you have a comprehensive financial plan?**

Choose Yes or No to indicate if a funding plan for the entire project is currently available for FAA review, if requested.

### **Is the project on an approved Airport Layout Plan (ALP)?**

Choose Yes or No. If "Yes," enter the approval date in the next field.

### **Is environmental determination complete?**

Choose Yes or No. If "Yes," enter the approval date in the next field.

### **Is airspace approval complete?**

Choose Yes, No, or N/A (not applicable). If "Yes," enter the airspace case number in the next field. (Example: 2020-ANM-2933-NRA)

### **Forecast Enplanements**

Based on your most recently approved forecast, provide the enplanement number from the last year of the forecast and provide forecast year.

**Existing Square Footage**

Provide square footage of existing terminal building or tower.

**Proposed Square Footage**

Provide anticipated total square footage of terminal building or tower once project is complete.

**Is this project associated with an approved Bipartisan Infrastructure Law (BIL), Airport Improvement Program (AIP) or Passenger Facility Charge (PFC) project?**

Choose Yes or No. Choose "Yes" if the project has been or is currently funded by an existing BIL grant, AIP grant or approved under a PFC application. If "Yes," provide existing grant number(s) and/or PFC application number along with the amount of existing funding. (300 Characters Maximum):

**Program Considerations**

Check all that apply to your proposed terminal building or tower project. If an item is selected, a narrative must be included describing how the project satisfies the criteria. Address the following areas within character limits defined below.

***Terminal and Tower*****Increase Capacity and Passenger Access**

Check this box if the project will increase capacity and passenger access to the airport. Explain and provide justification in the next field. (450 Characters Maximum).

**Replacing Aging Infrastructure**

Check this box if the project will replace aging infrastructure that has exceeded its useful life. Explain and provide justification in the next field. (450 Characters Maximum).

**Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities**

Check this box if the project will expand accessibility for persons with disabilities. Explain and provide justification in the next field. (450 Characters Maximum).

**Improves Airport Access for Historically Disadvantaged Populations**

Check this box if the project will improve access for Historically Disadvantaged Populations. Explain and provide justification in the next field. (450 Characters Maximum).

**Improves Energy Efficiency**

Check this box if the project improves energy efficiency for the airport. Explain and provide justification in the next field. (450 Characters Maximum).

### **Improves Airfield Safety through Terminal or Tower Relocation**

Check this box if the project improves airfield safety. Explain and provide justification in the next field. (450 Characters Maximum).

### **Encourages Actual and Potential Competition**

Check this box if the project encourages actual and potential competition. Explain how this objective is met through this project in the next field. (450 Characters Maximum).

### **Good Paying Jobs**

Check this box if the project will create good-paying jobs. Explain and provide justification in the next field. (450 Characters Maximum).

## ***Tower Only***

If the project is for a tower, complete this section of the form.

### **Project Type**

Choose “**Contract Tower Program**” for an airport owned tower in the Federal Contract Tower program.

Choose “**Airport Owned, Other**” for an airport-owned tower not in the Federal Contract Tower program. Then **describe** tower staffing (Example: FAA Staffed).

### **Age of Tower**

Enter the age of the tower in years.

### **Siting Study**

Has a Siting Study been completed for the Airport Traffic Control Tower Project? Choose Yes, No, or NA. Choose NA if *not* building a new tower or if this is a *new* tower in *existing* location.

### **Appropriate Project Objectives**

Choose all that apply.

- **New**

Check this box if the project will construct a new Airport Traffic Control Tower.

- **Relocate**

Check this box if the project will be relocating an existing Airport Traffic Control Tower.

- **Reconstruct**

Check this box if the project will reconstruct a replacement Tower in the approximate same location of the existing Airport Traffic Control Tower.

- **Repair**

Check this box if the project will be a repair of an existing Airport Traffic Control Tower e.g., replace roof, replace cab windows, etc.).

- **Improve**

Check this box if the project will add improvements to an existing Airport Traffic Control Tower (e.g., replacing radios, etc.).

**Impact on the National Airspace System (NAS)**

Description (600 Characters Maximum)

Describe how the project addresses impacts on the NAS including operational constraints nonstandard facility conditions and age of facility.

## Certifications

**Signature**

Add your digital signature.

**Date**

If your digital signature does *not* include a date, enter the date you signed the form. Use mm/dd/yyyy format (example: 06/02/2023).

**Name**

Enter your name.

**Title**

Enter your title.

# Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information

## General

**Airport Name:** Brooksville-Tampa Bay Regional Airport

**LOCID:** BKV

**Point of Contact's Name:** Steve Miller

**Point of Contact's Title:** Airport Manager

**POC's Phone Number:** (352) 540-6342 **Extension:**

**POC's Email Address:** smiller@flybkv.com

## Project Overview

**Project Type:**  Terminal  Tower

**Multi-Modal Terminal:**  Yes  No

**Current Project Stage:**  Planning  Environmental  Design  Construction

**Project Description** (600 Characters Maximum):

There are two elements of the proposed project. The first element is the acquisition and installation of backup radios. The control tower went into service in October 2012 and is still using the original radio transmitters and receivers. Typically, backup radios are installed for redundancy, but they were not at the BKV tower. Considering the age of the current radio equipment, it is time to purchase backup transmitters and receivers for the two control tower frequencies. The second element is painting and sealing of the tower exterior which was last done as part of the original construction.

### Target Timeframes

**Date Project Costs Known** (Pick a date): 03/2024

**Date Grant Fully Executed** (Pick a date): 11/25/2024

**Construction Start Date** (Pick a date): 01/2025

## Project Status

**Total (Estimated) Project Cost:** \$ 240,000

**Amount of Funding Requested:** \$ 240,000

**Match Available:**  Yes  No

**Delivery Method** (choose one):

Design/Bid  Design/Build  CM at Risk  Other: Bid for Construction

**Bid or GMP:**  Yes  No. If "No," Estimated bid/GMP date (Pick a date):

**Phased Project:**  Yes  No. If "Yes," Phase: of

**Do you have a comprehensive financial plan?**  Yes  No

**Is the project on an approved ALP?**

Yes  No. If "Yes," enter the approval date (Pick a date):

**Is environmental determination complete?**

Yes  No. If "Yes," enter the approval date (Pick a date):

**Is airspace approval complete?**

Yes  No  N/A.

If "Yes," enter the airspace case number:

**Approved Forecasted Enplanements:** 0

**Year(yyyy):** 0

**Existing Square Footage:** 0

**Proposed Square Footage:** 0

**Is this project phased and/or associated with an approved BIL, AIP or PFC project?**

Yes  No  N/A

**Added data:** If "Yes," provide the grant number(s), and/or PFC application number, along with the amount of existing funding. (300 Characters Maximum):



## Program Considerations (Terminal and Tower)

If you check a box below, you must describe how the project satisfies the criteria.  
Check all that apply to the proposed project.

**Increase Capacity and Passenger Access.** Description (450 Characters Maximum):

**Replacing Aging Infrastructure.** Description (450 Characters Maximum):

Aquisition and installation of backup radio transmitters and receivers is necessary to provide redundancy to the radio equipment that has been in service since the tower began service in 2012. As the original equipment continues to age, dependable backup equipment becomes more important for un-interrupted tower operations.

**Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities.** Description (450 Characters Maximum):

**Improves Airport Access for Historically Disadvantaged Populations.**  
Description (450 Characters Maximum):

**Improves Energy Efficiency.** Description (450 Characters Maximum):

**Improves Airfield Safety through Terminal or Tower Relocation.**

Description (450 Characters Maximum):

While the tower is not being relocated, the redundancy provided by the chase backup transmitters and receivers would improve safety by provided an alternative for the tower to maintain the surrounding airspace and airfield control should the main equipment experience failure.

**Encourages Actual and Potential Competition.** Description (450 Characters Maximum):

**Good Paying Jobs.** Description (450 Characters Maximum):

The current employment rate in Hernando County is 48.4% employment rate. Twenty-four percent of Hernando County workers are employed in are education, health care and social services while 28% are professional and management positions and retail trades. The project will result in good paying jobs for the construction/paint, electrical, and technology trades. Additionally, the health care industry depends on access to safe operations at BKV.

### Program Considerations (Tower Only)

If the project is for a tower, also complete this section of the form.

**Project Type.** The project type for this grant application (choose one or both).

Airport Owned, Contract Tower Program

Airport Owned, Other. Describe staffing:

**Age of Tower (Years):** 12

**Siting Study.** Has a Siting Study been completed for a new Airport Traffic Control Tower Project?

Yes     No     NA

If you check a box below, also describe how the project satisfies the criteria.  
Check all that apply to the proposed project.

**Appropriate Project Objective** (choose all that apply):

New     Relocate     Reconstruct     Repair     Improve

**Impact on the National Airspace System.** Description (600 Characters Maximum):

BKV is a general aviation airport classified as "National" supporting the national airport system by providing communities access to national and international markets in multiple States and throughout the United States. National airports have very high levels of aviation activity with many jets and multi-engine propeller aircraft. BKV operations consist of military training, corporate/business aviation, flight training, and emergency medical operations. BKV supports hurricane relief efforts by using the airport as a staging area. Maintaining and improving the tower is critical for safety.

## Certifications

By entering my name below, I hereby certify that I am authorized to submit this form on behalf of the airport sponsor, all information is true and accurate to the best of my knowledge, and have or will follow, all procurement processes required under 2 CFR 200, including but not limited to:

- Davis Bacon
- Buy American
- Consultant Selection
- Disadvantaged Business Enterprise

Signature: **Jeffrey  
Rogers**

Digitally signed by Jeffrey  
Rogers  
Date: 2024.09.16 14:13:31  
-04'00'

Date: 09/16/2024

Name: Jeffrey Rogers

Title: County Administrator