

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**APPLICATION FOR INTERMODAL LOGISTICS CENTER
INFRASTRUCTURE SUPPORT PROGRAM**

Application Date: _____

PRIMARY CONTACT INFORMATION

First Name: _____ Last Name: _____
Company: _____ Position: _____
Phone: _____ E-mail: _____
Street: _____ City: _____ State: FL Zip: _____

ILC INFORMATION

Site Name: _____ Property Owner: _____
Site Location: _____
(Provide parcel ID, address or description that can assist in the identification of the site)
Street: _____ City: _____ State: FL Zip: _____
Parcel ID: _____ Location Description: _____
Site Area: (Acres) _____ Current Site Condition: (Improved) _____

ILC INTERMODAL ACCESS INFORMATION

Site Access Description: _____
Direct Road Access: _____ Major Connector Road(s): _____
Railroad Access Spur: Yes or No Proximity to Site: (miles) _____
Mainline Railroad: _____ Track Miles to Mainline: _____

Associated Seaport(s): (Section 311.09, F.S.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Port Canaveral | <input type="checkbox"/> Port of Jacksonville | <input type="checkbox"/> Port Panama City |
| <input type="checkbox"/> Port Citrus | <input type="checkbox"/> Port of Key West | <input type="checkbox"/> Port of Pensacola |
| <input type="checkbox"/> Port Everglades | <input type="checkbox"/> Port Manatee | <input type="checkbox"/> Port of Port St. Joe |
| <input type="checkbox"/> Port Fernandina | <input type="checkbox"/> Port Miami | <input type="checkbox"/> Port of St. Petersburg |
| <input type="checkbox"/> Port of Ft. Pierce | <input type="checkbox"/> Port Palm Beach | <input type="checkbox"/> Port of Tampa |

Site Proximity to Eligible Seaport: (miles) _____

PROJECT INFORMATION

Project Name: _____
Project Description: _____

Eligible Project Development Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Highway/Road | <input type="checkbox"/> Bulk Rail Terminal | <input type="checkbox"/> Rail Spur/Siding |
| <input type="checkbox"/> Intermodal Container Transfer Facility (ICTF) | <input type="checkbox"/> Other: _____ | |

Improvement Type: _____

Project Phase of Development: Design Construction

Total Project Cost: _____ Requested Funding Amount: _____

Match Source and Amount: _____

Map:

(Insert hyperlink or image here)

Site Photos:

REQUIRED DOCUMENTATION

- a. Statement demonstrating how the ILC and the project increase State economic activity.
- b. Estimated Return on Investment for the ILC and the project.
- c. Statement demonstrating the ILC and the project's positive contribution to the state transportation system.
- d. Describe how the project will improve the cost effective and efficient movement of goods to and from an eligible seaport.
- e. Statement documenting funding match of 50% or greater local funds and how it will be provided.
- f. Statement documenting commitments from private sector businesses operating at the ILC or that have executed a contract to operate at the ILC.
- g. Memorandums of Understanding (MOU's) or Memorandums of Agreement (MOA's) with eligible seaport(s) to convey or ship goods to and from the ILC.
- h. Documentation through business and financial plans and legal agreements of the investments made or to be made by the owner or developer of the ILC.
- i. Documentation from the appropriate local government(s) supporting the ILC.
- j. Documentation that eligible project(s) have the appropriate land use designation(s) in place.

Upon completion, please email with scanned documents to:
ILCsupport@dot.state.fl.us or send application and documentation by mail to:
Seaport Office Manager
605 Suwannee Street, MS 68
Tallahassee, FL 32399-0468