Celeste, Merry E

From: Harvey, Gina A

Sent: Thursday, June 09, 2016 3:44 PM

To: Celeste, Merry E

Subject: FW: Intent-to-Apply Response for Shared-Use Nonmotorized (SUN) Trail Network grant

application

From: Burbridge, Katherine A

Sent: Thursday, June 09, 2016 3:43 PM

To: Harvey, Gina A <gharvey@co.pinellas.fl.us>

Cc: Trainer, Jacqueline <jtrainer@co.pinellas.fl.us>; Berger, William M <bberger@co.pinellas.fl.us>; Hardwick, Mary

Scott <mhardwick@co.pinellas.fl.us>

Subject: Intent-to-Apply Response for Shared-Use Nonmotorized (SUN) Trail Network grant application

OMB has no objection to the department submitting a grant application to the Florida Department of Transportation, Systems Planning Office to obtain funding for the completion of the Pinellas Trail loop.

Requested amount is \$22.1 Million from the Shared-Use Nonmotorized (SUN) Trail Network program. A match is not required but the County is proposing a contribution to the project of \$9.0 Million. The County sources of the match are FY16 Capital Improvement Projects: Duke Energy Trail Extension #000186A (\$4.9 M); Pinellas Trail Extension Program #000967A (\$3.1 M); 32.4% of North East Coachmen Intersection #001020A (\$400.0K); and 32.4% Old Coachman Bridge Replacement #001034A (\$300.0K). The remaining match funds come from various applicable PD& E studies. The total project cost is \$31.1 M.

The Board of County Commissioners signs off on this application. Please include this email when you send a completed submittal through Granicus for contract review and Board Agenda.

If you have any questions, please do not hesitate to contact me.

Thank you.

Katherine Burbridge

Pinellas County Office of Management and Budget 14 S. Fort Harrison, 5th Floor Clearwater, Florida 33756 Phone (727) 453-3457 Fax (727) 464-4405 kburbridge@pinellascounty.org

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FDOT Shared Use Nonmotorized Sun Trail Network Program Intent-to-Apply

Program Manager *		A 60
	Jacobs, Kenneth A;	S . (ii)
Program Manager Phone # *		
County Department *		
Director's Name *	Talley, Pick;	8. 11
Granting Agency *		
CFDA/CSFA #	Ex: 97.036	
Grant Funding Program Name *	CFDA/CSFA Program Name	
Grant Funding Type *		
Grant Award Type *		
Grant Funding Program Funding Cap (\$) *		
Match Amount	Enter required match amount? If none, enter \$0.	
Required Match Type		
Anticipated Match Source (Fund/Center/Program)		
Is the Match in the Current Budget?	Yes No	
Will the Match need to be added to the Budget?	Yes No	
Total Cost of Project (including Grant, County match, and other Resources)		
Granting Agency Contact Name		
Granting Agency Phone or Email *		
Granting Agency Address	Rich text editor Granting Agency Address FDOT	

	605 Suwannee Street Tallahassee, FL 32399-0450	
OPUS Project Title	This should be the same project title as reflected in OPUS.	
Duration *	Single Year Multi Year	
Proposed Abstract (Project Scope of Work) *	Rich text editor Proposed Abstract (Project Scope of Work) Required Field Complete the remaining segments of the Pinellas Trail from the North Bay to the East Lake Road (John Chesnut Park)	
Benefit Summary (How will this benefit the County, Dept, etc?) *	Rich text editor Benefit Summary (How will this benefit the County, Dept, etc?) Required Field Complete the Pinellas Trail Loop. SunTrail application a partnership with the Pinellas MPO, St. Petersburg, Largo, Pinellas Park and Clearwater. The completion of the trail implements the County's Bike/Pedestrian Plan and will be part of the regional trails system. The request is for \$22,103,218. (last two sentences added by kb 6-9-2016).	
Director Approval (Attach)	For some departments, written approval may be required. If this applies, attach copy of correspondence.	
Is the proposal submitted for a different Department?	Yes No	
If submitting for a different department, what is that department name?		
Concept Paper Deadline (if applicable)	Concept Paper Deadline (if applicable) Date	
Grant Application Due Date	Grant Application Due Date Date	
Source of Notification of Grant Solicitation	Administering Agency Other	
If Other, provide source		
FOR OMB USE ONLY BELOW THIS LINE	Information below this line will be entered by OMB.	
OMB Analyst	8 / 11	
OPUS Project #		
Grant Contract #		
Award Amount		

Grant Status		
Grant Start Date	Grant Start Date Date	
Grant End Date	Grant End Date Date	
OMB Comments	Rich text editor OMB Comments Requested information May 25, 2016. June 9, 2016, response from Gina.	
Granicus #		
	Enter Corresponding Granicus #	