

INTENT TO APPLY FOR A GRANT

Internal Notification Form

Send to Katherine Burbridge, AICP, Office of Management and Budget
Phone: 453-3457 e-mail: kburbridge@pinellascounty.org

Department Point of Contact Information/ Project Manager	
Name: David Talhouk	Date: 9/9/15
Phone: ext 43780	E-mail: dtalhouk@pinellascounty.org
Department: Eng & Tech Support	
Grant Funding Program and Administering Agency Information	
Funding Agency: SWFWMD	
Grant Funding Program Name and CFDA # or CSFA #: SWFWMD Coop Funding Program	
Grant Funding Type: Formula <input type="checkbox"/> Capital <input type="checkbox"/> Project <input checked="" type="checkbox"/> Other <input type="checkbox"/> : _____	
Does the grant require expending funds for an reimbursement award: X YES <input type="checkbox"/> NO	
Grant Funding Program Funding Cap (\$):	
Required Match Amount and Type: Fifty Percent of Project Construction Cost and CEI (see below)	
Administering Agency Contact Name: TBD	
Administering Agency Phone/Fax/E-Mail: 1-800-423-1476	Administering Agency Address: 2379 Broad Street Brooksville, FL 34604-6899
Granting Funding Proposal Project Information	
Project Title: Pinellas Trail - 54 th Ave Drainage Improvements	
Anticipated Grant Funding Amount (\$): \$825,000	
Anticipated Match Amount and Match Source (F-C-P) and Project #: \$850,000 (Penny) 000183A	Total Cost of the Project, including Grant, County match and other resources: \$1,650,000 FY17 Construction and CEI (Design). Total cost with design \$2,050,000. Seeking fifty percent of Construction and CEI funding only which is a total cost of \$1,650,000.
Is the Match in the Current Budget? X YES (Proposed Budget for Oct 1, 2015) <input type="checkbox"/> NO If not, what year(s) CIP?	
Will the Match need to be added to Budget or future Budgets? <input type="checkbox"/> YES X NO	
Proposal Abstract: Reduction of flooding at several locations Pinellas Trail from 100 th Way to KOA campground, 54 th Ave N from 104 th to 100 th Way, and 97 th Way/54 th Ave N	
Is the proposal submitted for a different agency? <input type="checkbox"/> YES X NO	
Name of Agency: _____	
Type of Submission and Submission Deadline	
Concept Paper Deadline (If applicable): Date: _____ N/A _____	Grant Application Deadline: Date: ___ Oct. 2, 2015 _____
Source of Notification of Grant Solicitation (please check)	

Administering Agency: X	Other: <input type="checkbox"/> <i>Please provide source</i>
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Submit your "Intent to Apply" as early as possible.