

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 | |
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| 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: Bee Branch Phase I | |
| Anticipated Grant Funding Amount (\$): \$440,000 | |
| Anticipated Match Amount and Match Source (F-C-P) and Project #: \$440,000 (Penny) 002121A | Total Cost of the Project, including Grant, County match and other resources: \$880,000 FY17 Construction and CEI (Design). Total Cost including Design \$1,180,000. Seeking fifty percent of Total Construction and CEI cost of \$880,000 |
| 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: Bank stabilization, erosion control and drainage structure replacement along Bee Branch Creek from 14 th Street to east of Omaha Street | |
| 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"/> Please provide source |

Submit your "Intent to Apply" as early as possible.