

The Florida Senate Local Funding Initiative Request - Fiscal Year 2016-2017

1.	Senate Sponsor:	Senator Brandes	
2.	Date of Request:	12/1/2016	
3.	3. Project/Program Description: Treasure Island Causeway Multimodal Improvements		
4.			
	Amount Requested for Operations	Amount Requested for	Total Amount of
		Fixed Capital Outlay	Requested State Funds
	\$0	\$1,499,390	\$1,499,390
5.	Total Project Cost (if greater than Tot	al Requested State Funds):	\$2,248,865
6.	Type, Amount and Percent of Match:		
	Туре	Amount	Percent
	FDOT Transportation Alternatives	FDOT TA: \$679,475 Local	NA
	Funds/Cash/InKind	Match Cash and In Kind \$70,000	
7.	Was the project previously funded by		
	Fiscal Year(s)	Amount	
	EV 15 Ct Potential EDOT TAGE	Click here to enter text.	
	FY 15 St Petersburg FDOT TA funds for Phase I of multi-use Trail	\$1,296,915 (\$152,915 for design	
	Click here to enter text.	and \$1,144,000 for construction)	-
		Click here to enter text.	_
	Click here to enter text	Click here to enter text.	
8.	Is future-year funding likely to be req	uested?	No
9.	Program Performance (if needed, incl		
	a. How will requested funds be spent? Include supporting documentation.		
	See Attached		
	b. Identify expected program results and the expected benefit associated from the requested funds.		
	Provides a Multiuse Pedestrian /	bike trail along east section of Causew	vay Blvd connecting Pinellas Trail
	with Treasure Island Beach Trail and Gulf Boulevard points north and south.		
c. Who will benefit from receipt of State funds?			
	Residents of Pinellas County, St. Petersburg, Treasure Island and Tourists d. What specific measures will be used to document performance data for the project, if it receives		
	Project will be jointly managed b	sed to document performance data for y St. Petersburg and Treasure Island	or the project, if it receives funds?
40		y St. Fetersburg and Treasure Island	
10.	Requestor Contact information:		
	a. Name and Title:	Reid Silverboard,, City Manager	
	b. Organization:	Treasure Island, FL	
	c. E-mail Address:	Citymanager@mytreasureisland.org	g
	d. Phone Number:	727-547-4575 ext 228	
11	Recipient Contact Information:		
	a. Organization:	City of Treasure Island	
	b. Municipality and County:	City of Treasure Island Pinellas Cou	pa tra d



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C.	Organization type (check all that For-profit Corporation	apply):
	Not-for-profit Corporation	
	501c3 entity	
\boxtimes	Other (please specify)	municipality
d.	Contact Name and Title:	Click here to enter text.
e.	E-mail Address:	Click here to enter text.
f.	Phone Number:	Click here to enter text.