



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bridge Replacement, 4th Ave NE Bridge over Placido Bayou, No. 157154

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Replacement of the 40th Avenue NE Bridge No 157154 in St. Petersburg, Pinellas County. The bridge was originally constructed in 1960 by the State Road Department. The bridge is 336 feet long and is one of three routes serving the eastern coastal area of St. Petersburg, carrying over approximately 20,000 vehicles per day.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Transportation

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	6,035,000	6,035,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	2,012,000	25.0%
Other	0	0.0%
TOTAL	2,012,000	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,047,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

#### a. What is the specific purpose or goal that will be achieved by the funds requested?

Replacement of the bridge maintains access to businesses and residents

#### b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Safe travel to the eastern coastal neighborhoods of northeast St. Petersburg.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction Costs	6,035,000
TOTAL		6,035,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Transportation infrastructure

**e. Who is the target population served by this project? How many individuals are expected to be served?**

Traffic volume - 20,000 vehicles per day

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Maintenance of convenient access to properties, measured by traffic volume

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Liquidated damages for late construction completion

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of St. Petersburg

**13. Requestor Contact Information:**

- a. **Name:** Richard Kriseman
- b. **Organization:** City of St. Petersburg
- c. **Email:** Richard.kriseman@stpete.org
- d. **Phone Number:** (727)893-7201

**14. Recipient Contact Information:**

- a. **Organization:** City of St. Petersburg
- b. **County:** Pinellas
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☒ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Brejesh Prayman



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**e. E-mail Address:** Brejesh.prayman@stpete.org

**f. Phone Number:** (727)892-5383

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Jeffrey Sharkey

**b. Firm:** Capitol Alliance Group

**c. Email:** jeff@capitolalliancegroup.com

**d. Phone Number:** (850)443-3355