



# Senator Kathleen C. Passidomo

## 2017-18 Local Funding Initiative Request

1. Senate and House Sponsors: Sen. Passidomo Rep. Donalds

2. Date of Request: 1/3/2017

3. Project/Program Description:  
Rehabilitation of the Ft. Denaud Bridge. Work consists of sandblasting and painting the bridge, electrical upgrades, a new fender system and new motor.

4. Amount of Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
34T	\$1,000,000	\$1,000,000

5. Total Project Cost (if greater than Total Requested State Funds): \$1,200,000

6. Type, Amount and Percent of Match:

Type	Amount	Percent
County Transportation Tax Fund – (Gas Tax)	\$200,000	16.67%

7. Was the project previously funded by the State?

Fiscal Year(s)	Amount
34T	34T
34T	34T
34T	34T
34T	34T

8. Is future-year funding likely to be requested? No unless the requested funding does not cover the required rehabilitation to the bridge.

9. Program Performance (if needed, include additional documentation):
- a. How will requested funds be spent? Include supporting documentation.  
On construction and construction engineering services to provide the required rehabilitation.
  - b. Identify expected program results and the expected benefit associated from the requested funds.  
The bridge will operate more efficiently, the condition of the bridge will be improved extending the life of the bridge, and the new fender system will help to provide continued protection of the bridge.
  - c. Who will benefit from receipt of State funds?  
Hendry and Glades County’s residents who utilize the bridge..
  - d. What specific measures will be used to document performance data for the project, if it receives funds?  
Construction engineering inspection services will be provided to ensure the work is completed properly and will keep daily logs of work activity..

10. Requestor Contact information:  
 a. Name and Title: Charles T. Chapman, County Administrator



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- b. Organization:
- c. E-mail Address:
- d. Phone Number:
- 11 Recipient Contact Information:
- a. Organization:
- b. Municipality and County:
- c. Organization type (check all that apply):
- For-profit Corporation
- Not-for-profit Corporation
- 501c3 entity
- Other (please specify)
- X
- d. Contact Name and Title:
- e. E-mail Address:
- f. Phone Number: