



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1041

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

FDOT has determined that the Pine Tree Lane Bridge is functionally obsolete. This bridge is 55 years old and owned by the Town of Lake Clarke Shores. There are areas of corrosion. There are no sidewalks on the bridge. The safety railing is dangerous, sub-standard, and in need of repair. The town wishes to replace the bridge. The request is for a 50/50 match funding for construction. The design is complete and in the permitting process.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,200,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Approximately \$49,000. It was used for PPE and to improve the town's virtual communications abilities.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Remove and replace a 55-year-old, narrow 2-lane concrete bridge with a new concrete bridge meeting all multi-modal design requirements.	600,000
Total State Funds Requested (must equal total from question #6)		600,000

12. Program Performance

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

Replace an old, dangerous bridge on one of the town's heavily used local roads.

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

Construction of a new bridge.

c. What direct services will be provided to citizens by the appropriation project?

Improve pedestrian and bicycle safety when using the bridge.

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

All the residents of Lake Clarke Shores living on Pine Tree Lane and people that use Pine Tree Park and Memorial Park.

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

The outcome is a new bridge, the benefit is resident safety, and the methodology for measurement will be the new bridge opening ceremony.

f. 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 the contract?

Repay the monies to the state.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.



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Town of Lake Clarke Shores is both the owner of the facility and the entity.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number