



## Fiscal Year 2020-2021 Indian River Lagoon Water Quality Improvement Projects Grant Program Application



### INSTRUCTIONS FOR USE OF THIS FORM:

This form is designed to assist in submitting a complete application for consideration by the St. Johns River Water Management District and South Florida Water Management District (Districts) for the Fiscal Year (FY) 2021 Indian River Lagoon Water Quality Improvement Projects Grant Program. Detailed guidance on completing this application can be found in the Funding Guidance Document. All sections of the form must be completed to be considered a complete application. **Any information listed on the checklist that is not included in the application may result in a deduction of 5 points in the evaluation.** If additional space is needed to fully complete a section, please attach separately. County governments, municipalities, water supply authorities, other interested public and private entities, and non-state entities as determined eligible may apply.

This Grant Program is seeking applications for water quality construction projects. However, non-state entities may apply for other projects, such as research, data collection / monitoring, or living shorelines.

NOTE: If you are a non-state entity, including public universities / colleges, regional planning councils, non-profit groups, or Indian River Lagoon National Estuary Program, sections A, B-1, B-3, and C-1(b)(4) are required to be completed. Other sections may be completed to improve the quality of the application if desired.

A. BASIC INFORMATION	
A-1	NAME OF ENTITY / ORGANIZATION:
	PROJECT NAME <i>(please see below)</i> :
A-2	Contact information of project manager or contact person:
	<i>(The Districts will send correspondence concerning this application ONLY to this person.)</i>
	Name/title:
	Email address:
	Mailing address:
	Office Phone: (     )                      Mobile Phone: (     )
A-3	Contact information of person with authority to enter into a contractual agreement, if other than project manager or contact person:
	If same as A-2 above, do not complete this section.
	Name/title:
	Email address:
	Mailing address:
	Office Phone: (     )                      Mobile Phone: (     )
A-4	In what water management district and county is this project located?



	<p><b>c. Is this project multi-phased or part of a larger overall effort? If so, describe the larger project.</b></p>
	<p><b>d. Describe the location and include a map. Verify the proposed project is located within the designated IRLWQ Grant Funding boundary (see Guidance Document for map)</b></p>
	<p><b>e. Coordinates for the project in decimal degrees to six places. Use centroid for large area project area:</b></p> <p><b>Latitude:</b>              <b>Longitude:</b></p>
<p><b>B-2</b></p>	<p><b>BENEFITS TO WATER QUALITY (<i>Scoring Criterion #2</i>):</b> <i>Describe the benefits to the Indian River Lagoon's water quality. Attach separate pages if necessary. Refer to the Funding Guidance Manual for additional pertinent information that should be included with your application.</i></p>

<b>B-3</b>	<b>Project Likelihood of Successful Completion (Scoring Criterion #3)</b>					
<b>a. Project Readiness:</b> <i>Check all that apply and supply requested dates (month/day/year) and attach a detailed project construction schedule. Include documentation that demonstrates that the construction start date is realistic (e.g. critical milestones, commission approval dates, procurement timeline, etc.).</i>						
			Current % Complete			
	Planning		%	Start Date:		Completion Date:
	Design		%	Start Date:		Completion Date:
	Permitting		%	Start Date:		Completion Date:
	Bidding		%	Start Date:		Completion Date:
	Construction			Start Date:		Completion Date:
	Future Phases			Start Date:		Completion Date:
	Other			Start Date:		Completion Date:
<b>b. Local Government / Public Support:</b> <i>Describe the public support for your project (meetings attended, community workshops, presentations to councils, notification in newsletters, etc.). If your project requires participation from certain communities or homeowners, provide a description of methods used to ensure participation in your project. Provide the percentage of participation that can be documented at the time of the application.</i>						
<b>B-4</b>	<b>Applicant has identified all required permits necessary for this project and that any property needed for the project is under your ownership or control. Applicant initial here:</b>					
<b>C. PROJECT COST INFORMATION</b>						
<b>C-1</b>	<b>a. Breakdown of project cost:</b> <i>Attach a table or spreadsheet with detailed project costs for each task or segment of the project. The Program will contribute to the construction costs of the project, however non-state entities are not limited to construction projects or costs; The table should detail all project costs. The project must be completed within two years of contract execution.</i>					
<b>b. Funding request table</b>						
1. Total Construction Cost:				Year 1 (FY 2021) \$	Year 2 (FY 2022) \$	

	2. Other Costs (includes capital, land acquisition, planning, design, permitting and bidding costs)	\$
	3. Total Project Costs:	\$
	4. Grant Funding Amount Requested:	\$
	5. Estimated Applicant's Annual Operation and Maintenance Costs:	\$
	6. Estimated Service life of components:	years
	<b>c. Funding Sources:</b> <i>Identify the Applicant's funding contribution and all other outside sources of funding, including state or federal appropriations, grant monies, or municipal bonds. Include the status of the specified funding.</i>	
	<b>d. Project partners:</b> <i>Check one below and if multi-jurisdictional include the percent of funding to be contributed by each partner.</i>  <input type="checkbox"/> Single entity  <input type="checkbox"/> Multi-jurisdictional (attach copy of partnership agreement or memorandum of understanding, if available, and includes status of agreement). Identify other partners:	
<b>C-2</b>	<b>Quantification of Project Benefits:</b> <i>Show all work and include assumptions for calculation of quantified benefits. Accepted engineering methods should be used to estimate project benefits, and backup information showing any calculations must be provided. Attach additional pages as needed.</i>	
	<b>For Septic-to-Sewer Projects: SJRWMD and SFWMD staff will quantify benefits.</b>  <b>For Water Quality Projects:</b>  _____ Lbs./year TN removed/reduced annually/or one-time benefit  _____ Lbs./year TP removed/reduced annually/or one-time benefit	

<b>C-3</b>	<p><b>Cost Effectiveness (Scoring Criterion #4):</b> <i>Please attach the Cost Effectiveness Calculator, which can be found at <a href="https://www.sjrwmd.com/localgovernments/funding/indian-river-lagoon/">https://www.sjrwmd.com/localgovernments/funding/indian-river-lagoon/</a> and all appropriate supporting documentation. Failure to use the cost effectiveness calculator may result in a zero score for cost effectiveness.</i></p> <p>Water Quality (TN/TP):        \$_____ per lb. TN removed</p> <p>    \$_____ per lb. TP removed</p> <p><b>**The SJRWMD and SFWMD staff will calculate the cost effectiveness for septic-to-sewer projects based on the information provided in sections C-1 and the district-calculated benefits.</b></p>
<p><b>Provide the required attachments: project map, construction schedule/timeline, project cost table or spreadsheet, and cost effectiveness calculator.</b></p>	

## Application Checklist

- ☐ All sections of the application are filled in completely
  - ☐ Construction must begin by 7/31/2021 and be completed within two years
  - ☐ Detailed project construction schedule with backup
  - ☐ Construction phasing information (if applicable)
  - ☐ Detailed project cost breakdown
  - ☐ Calculations for quantification of project benefits
  - ☐ Cost effectiveness calculator
  - ☐ Applicant has identified all required permits necessary for project construction
  - ☐ Application is signed and dated
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I certify that all information on this form and the attached document(s), if applicable, is true and correct.

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

***Signature of the person with authority to enter into a contractual agreement.***

Date: \_\_\_\_\_