**PART I – GENERAL INFORMATION**

**PROPOSAL FOR GRANT FUNDING CONSIDERATION** *(For this project, check all grant funding sources you would like us to consider for this project. Reviewers will evaluate the project for the applicable funding sources in this proposal.)*

Federal EPA 319(h)

State Water-quality Assistance Grant (SWAG)

**PROJECT CATEGORY:** *Select One*

 Stormwater

 Agricultural Best Management Practice(s) (BMP)

 Onsite Sewage Treatment and Disposal Systems (OSTDS)

 Water Quality Monitoring Only (*of installed nonpoint source BMP(s))*

 Education Only

 Hydrologic Restoration

**PROJECT SUB-CATEGORY:** *Check all that apply*

 Urban Stormwater Runoff

 Erosion Control

 Low Impact Development/Green Infrastructure (LID)

 Indirectly Impacting Coastal Waters

 Directly Impacting Coastal Waters

 Protection of Unimpaired Water(s)

 Protection of Groundwater

 Education – LID/Green Infrastructure

 Education – Nonpoint source pollution

 Education – OSTDS

 Education – Florida Friendly Landscaping (FFL)

 Education – Waterfront Property Owners

 OSTDS Septic Tank Abandonment

 OSTDS Connecting Property Owners to Sewer, not including main line installation

 OSTDS Inspection and Education

 OSTDS Inventory/Update of DOH Database

 Treatment Train

**Enter # of Septic Tanks Eliminated (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT FUNDINGSTATUS:** *Check all that apply*

New project that was not previously funded with State or Federal funds through the Department.

Part of or whole proposed project pending for federal or state funding through the Department.

*If any phase of proposed project is pending selection for State or Federal funds through the Department, provide project name and funding amount (grant and match, if applicable):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phase of proposed project (or existing/ongoing project) previously funded through the Department.

*If any phase of project previously funded with State or Federal funds through the Department, provide project name, funding amount (grant and match, if applicable), and DEP Agreement No.(s):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENTITY/SPONSOR NAME:**

**CONTACT information:**

Name:

Street Address:

City, State, Zip:

Telephone:

Email:

**PROJECT NAME:**

**SHORT PROJECT DESCRIPTION: describe grant and match activities in 500 characters or less.**

*Example Short Project Description: This project will construct a treatment train consisting of a 4-acre wet detention pond, littoral zone planning, and a series of bioretention/raingardens. Low impact development components to be installed include a previous parking lot with tree boxes. Water quality monitoring will be performed. Public nonpoint source education will be addressed through onsite signage and a social marketing campaign to promote behavior change.*

**PROJECT LOCATION:** *If the project is covering a large area, please describe the extent of the project area, and include the centroid latitude/longitude. If known, additional latitudes/longitudes may also be included.*

Geographic Location of Project (e.g. city, county, street address):

Size of Project Impact (area needed to build project):

Size of Area Being Treated:

Latitude (decimal degrees):

Longitude (decimal degrees):

**PROJECT FUNDING REQUEST AMOUNT:** $

*(If request is for more than one Grant type, please breakout the plan (if known) for how the grant funds will be used for each Grant type request in the table below).*

**ORGANIZATION LOCAL FUNDS AND/OR Match COMMITMENT AMOUNT:** $

*(Match is not required for all Grants but may still be used to evaluate projects for consideration of grant funding. If the project information proposal request is planning for more than one funding source, please breakout the match amount applied towards each funding source in the table below. Note that Match is required for 319(h) grant requests.).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Proposal Funding Source Requested** | **Funding Requested Amount** | **Local and/or Match Commitment Amount** | **Local and/or Match Commitment Source** |
| Federal 319(h) Grant | $ | $ |  |
| State Water Quality Assistance Grant (SWAG) | $ | $ |  |

**ADDITIONAL DETAIL OF LOCAL COMMITMENT TO THE PROPOSED PROJECT AND FUNDING PARTNERS:**

*(Provide information to demonstrate your organization’s commitment to the project (e.g., required in the BMAP, RA Plan, or Alternative Restoration Plan; other secured funding sources, stormwater fees etc.), if there are any not described in the table above. Include a narrative description for each anticipated source of local funds and/or match committed to the project information proposal request or entire project (e.g., St. Johns River Water Management District $X, Leon County $X, City of Tallahassee in-kind contribution equivalent to $X, etc.).*

* Does the proposal’s organization have a dedicated stormwater fee?

Yes  No 

If yes, state the monthly fee:

* Is the project expected to be located in or primarily benefit a financially disadvantaged community? (e.g., Rural Economic Development Initiative)? *Information on REDI can be found at the following website:* <https://floridajobs.org/community-planning-and-development/rural-community-programs/rural-definition>

Yes  No 

If yes, name the community:

If yes, *also find the nearest Census Place Name on the linked spreadsheet, enter the Census Place number in the Afford 1 tab, and* check the appropriate calculated Index Number below: <https://floridadep.gov/wra/srf/documents/using-census-places>:

*Enter Census Place Name used for calculation*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Index Number between 00-70

 Index Number between 71-85

 Index Number between 86-100

 Index Number greater than 100

* **Does the Proposal Organization have an O&M plan and expected funding identified (including in-kind contributions) that will be needed to operate and maintain this proposed project (mainly for structural projects)?**

*Projects implementing requirements of a Water Quality Restoration Plan are expected to be maintained for the life of the BMP to retain load allocation credits under the Plan(s). Please identify, if possible, how much time, cost and work will be required to maintain the system and the expected lifetime of the BMPs.*

 Yes  No

If yes, describe.

* **Does the Proposal Organization have a long-term master plan to address all stormwater construction and operations/maintenance needs for their community?**

 Yes  No

If yes, describe.

**TOTAL COST (Sum of Proposed Project Funding Request and Entity Local and/or Match Commitment Amounts): $**

Does the total cost shown above equal the total cost of the entire project?

*(i.e., project will be fully funded if project is selected for funding with the requested amount and local funds and/or match commitment provided):*

Yes  No 

If no, what is the total cost of the proposed project *(e.g., funding request is for a phase of a larger project or there are other expected funding contributing partners)*: $

If no, what are the other funding sources for the total cost of this project? *List all expected funding sources and amount required to complete the project*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED PROJECT READINESS TO PROCEED:**

**Design Status:** *(check applicable)*

 Design is not required for this project.

 Project is 100% designed

 Project is between 60% and 100% designed

 Project is partially designed but less than 60%

 Project is at the conceptual stage, design has not started

**Permit Status:** *(check applicable)*

 Permits are not required for this project

 Project is fully permitted (100%).

 Between 50% and 100% of the permits have been obtained

 Less than 50% of the permits have been obtained

 Permitting process has begun but no permits have been obtained

 Permitting process has not started

**Project Start Date:** *(check applicable)*

 Project construction/eligible grant and/or match activities can start immediately after of notice of funding award.

 Project construction/eligible grant and/or match activities can start within 6 months of notice of funding award.

 Project construction/eligible grant and/or match activities can start within 12 months of notice of funding award.

 Project construction/eligible grant and/or match activities cannot start until 12 months or more after notice of funding award.

**Length of Time Expected to Complete Proposed Project:**

*How long will the entire project take to complete, if requested amount covers all work for the entire project? If part of a larger project, how much time will be needed to complete all work for the funding requested and local funds and/or match commitment provided?*

*Include the estimated timeframe in number of months for each applicable task so that the reviewers will know how much time is needed, regardless of when the project evaluation process takes place. Note that tasks may take place concurrently (e.g., education may take place throughout the entire project period). If tasks are performed concurrently, do not add time to the overall project timeframe unless the task(s) need additional time to complete.*

*Add applicable tasks if they are not listed below. If a task does not apply for the proposal, mark the task N/A so that reviewers will know that this section was not overlooked.*

**Do not include the time for work that has already been completed (which is not eligible for grant funds).**

No. of Months for Design and Permitting:

No. of Months for Bidding/Subcontracting:

No. of Months for Construction:

No. of Months for Education:

No. of Months for Water Quality Monitoring:

No. of Months for Reporting:

Total No. of Months to Complete:

**PART II: PROJECT WATERSHED CHARACTERISTICS**

**WATERBODY ADDRESSED:**

1. Provide the name of the waterbody(s) that this project addresses:
2. Provide the WBID number(s) for the waterbody segment(s) that this project addresses.

*Waterbodies are typically divided into segments which are identified by Water Body Identification (WBID) numbers. Water quality impairments are associated with the WBIDs, not the entire waterbody. Here is a link where that information can be found:* <https://floridadep.gov/dear/watershed-assessment-section/content/basin-411-0>

1. List the parameter(s) the waterbody is impaired for that this project addresses.
2. Does the project treat water that discharges directly into an impaired WBID(s)?

Yes  No 

If yes, identify the **WBID(s)** that the treated water directly discharges into.

If no, then describe how the project contributes to reductions of the parameters impairing the WBID(s). *(e.g. does the unimpaired receiving water body discharge into an impaired water body and if so, describe how)*

*\*Please note, if the project does not reduce non-agricultural nonpoint source pollutants in an impaired waterbody, it may not be eligible to receive funding under the SWAG Grant.*

**IMPLEMENTATION OF A WATER QUALITY RESTORATION PLAN(s):**

*If available, please attach GIS files for the project(s) after completing the proposal request.*

1. TMDL Name that project is addressing, if applicable:

If addressing a TMDL, identify the pollution reductions and parameters specified in the TMDL:

1. Is the proposed project geographically located within and/or associated with a Water Quality Restoration plan (e.g., Basin Management Action Plan, Reasonable Assurance Plan, TMDL Alternative Plan, etc.)?

If yes, please complete the following. Repeat for each Plan the proposed project is geographically located in and/or associated with:

* 1. Enter name of Water Quality Restoration Plan(s):
  2. Identify if this project contributes to pollutant reductions specified in the Water Quality Restoration Plan(s).

Yes No

* + 1. If yes, briefly describe the nonpoint source issues or pollutant reductions specified in the Water Quality Restoration Plan(s) that the project is addressing.
  1. Is your proposed project **listed** in the Water Quality Restoration Plan? (<https://floridadep.gov/star>)?

Yes No

If yes, provide the Water Quality Restoration Plan Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAND USE and STATUS:**

**Land Uses of the Area Being Treated:**

*Enter the land use acreage in the table for the area expected to be treated, not just the area that the proposed project may occupy. The area being treated is the area that is contributing runoff to the treatment system. Please use the information based on the Florida Department of Transportation (FDOT) Florida Land Use Cover and Forms Classification System (FLUCCS) codes (or equivalent) for the most recent available year. Repeat for separate drainage areas if your proposal includes more than one separate and distinct drainage area.*

| **Land Use**  **(Do not alter – All must be filled out; do not add categories; use a 0 for no acres)** | **Acres** | **%** |
| --- | --- | --- |
| Residential Low Density (1100) | - | - |
| Residential Medium Density (1200) | - | - |
| Residential High Density (1300) | - | - |
| Commercial and Services (1400) | - | - |
| Industrial (1500) | - | - |
| Extractive (1600) | - | - |
| Institutional (1700) | - | - |
| Recreational (1800) | - | - |
| Open Land (1900) | - | - |
| Agriculture (2000) | - | - |
| Upland Non-Forested (3000) | - | - |
| Upland Forests (4000) | - | - |
| Water (5000) | - | - |
| Wetlands (6000) | - | - |
| Barren Land (7000) | - | - |
| Transportation, Communication, and Utilities (8000) | - | - |
| Land Use Totals (Acreage and %) | - | 100 |

**NONPOINT SOURCE CONTRIBUTION AREA:**

* **Are any of the grant or match activities in this project proposal required under a municipal separate storm sewer system (MS4) or stormwater NPDES permit?**

*Projects implementing requirements of an MS4 permit are not eligible for 319(h) funds. However, elements that are above and beyond what is required in the permit may be eligible. More information on the Phase I and Phase II MS4 permits can be found at the following website:*<https://floridadep.gov/water/stormwater/content/municipal-separate-storm-sewer-systems-ms4>

 Yes  No

If yes, describe.

1. Describe the source of the pollutants that are being treated by this proposed project (e.g. urban storm water, septic systems, agricultural runoff, etc.) and indicate in which of the above listed areas the sources are located. *Also describe how the runoff is getting to the proposed project site for treatment, whether the runoff is expected to come primarily from sheet flow or an agricultural canal, or if it will be directed through a major conveyance system (e.g., MS4 ditch or pipe), to help define the source for 319(h) projects.*

 Agricultural runoff or Urban impervious runoff sheet flow

 Urban or Rural impervious runoff directed through an MS4 conveyance system or major pipe (may be ineligible for 319 funding)

 Other/Combination described below

**Land Ownership Status:** *(check one)*

 Land necessary for the construction of treatment infrastructure has been acquired. Title is held by:

 Land necessary for the construction of treatment infrastructure is under a legal option to buy (please provide documentation of the option-to-buy and funding to execute the purchase).

 Land necessary for the construction of treatment infrastructure is under an easement that allows for construction and access.

**PART III: DETAILED PROJECT DESCRIPTION**

Include a full description of the proposed project. Project elements that are described on other submitted attachments but are not described in PART III, PART IV and/or PART V may not be considered as part of the project when evaluating the proposal for funding consideration.

1. **Description of** **only the proposed grant funded and (where applicable) local funds and/or match commitment activities**: *Provide sufficient detail so that the project evaluators will know exactly what is being constructed/implemented and how it will function. For treatment trains, include how the BMPs are connected and function as a train.* 
   1. Provide a detailed description of all project activities and best management practices (BMPs) the grant and match funding is expected to be used for, including but not limited to, description of each activity and BMP, type of BMP(s), approximate size of each BMP, number/type of structures in each BMP, pond residence time, etc.
   2. Describe how the project is expected to treat nonpoint source pollution or improve water quality.
   3. If the project proposal includes green infrastructure/low impact development features, highlight the expected BMPs or practices and what benefits will be added by including these features. *If known, describe if there are multiple uses and benefits provided by the LID such as expected value added to community use, if there is support by the community for LID implementation, added safety, nutrient reductions, long-term cost savings, etc.*
   4. Describe educational activities that are part of the project **in Part V of this project information proposal**, if applicable.
2. **Objective:** Explain how the activities and BMPs in the grant and local funds and/or match funded project proposal will reduce nonpoint source pollution. Include how they will benefit the associated impaired water and, if applicable, implement the Water Quality Restoration Plan(s) or how they will protect unimpaired waters.
3. **COST EFFECTIVENESS:**

*Describe how this project is cost effective for reducing pollutants contributing to water quality impairments and/or restoring water quality. For non-structural projects, describe how the cost effectiveness of the project will be measured, including the methods used (e.g., surveys, monitoring changes in behavior, etc.).*

1. **Project Effectiveness Evaluation:** Describe how the success of the project will be evaluated, such as water quality monitoring, surveys, etc. Provide sufficient detail to indicate which activities and BMPs will be monitored and how.

***Note:*** *Effectiveness evaluation is required for all 319(h) projects.*

1. **Project Funding and Timeline:** *for ONLY the Grant and Committed Local Funds and/or Match Funded Portions of the project proposal request*.

*In the table below, provide the estimated funding amounts and timeline for each grant and committed match funded step in the proposed project. Examples of typical descriptions have been provided but can be edited as needed.*

*Note that for the State Water Quality Water-quality Assistance Grant project proposals, grant funds are expected to be used for construction of capital projects and match is not currently required to receive funding.*

*Note that for 319(h) project proposals, grant funds may be used towards construction, education, monitoring, and reporting. All tasks identified below may be considered to apply towards match for the 319(h) grant.*

| **Task Name** | **Grant Funding** | **Match Funding** |
| --- | --- | --- |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |

* 1. Estimated Project Start Date:
  2. Estimated Project End Date:

1. **Additional Information (optional):** Include other relevant information about the project that has not been addressed in the previous questions (e.g., the presence of protected species at the site).
2. **Does the project use innovative technologies/BMPs?**

*For example, stormwater projects that include an extensive treatment train such as a combination of retention ponds, exfiltration trenches, and swales; or enhancements such as denitrification walls, alum and other polymer treatments, electrostatic panels, and parameter specific filters, etc., will be considered more innovative than projects that install a single conventional BMP.*

Yes No

If yes, please explain how the BMPs are innovative.

1. **For Agricultural BMP Project Proposals:** *Check all that apply and attach supporting documentation, if applicable*

 Project is supported by both state and local grower associations.

 Project complements an existing BMP project or U.S. Department of Agriculture (USDA) program.

**PART IV – PROPOSED PROJECT ESTIMATED POLLUTANT LOAD REDUCTIONS**

1. This proposal is for a **structural BMP** project.

Yes No (If no, go to next question).

* 1. If the answer is yes, then enter the estimated load reductions and event mean concentrations (EMCs) in the Pollutant Load Reduction table for each BMP. *To check recommended BMP efficiencies, refer to the following link:* <https://floridadep.gov/dear/water-quality-restoration/documents/statewide-best-management-practice-bmp-efficiencies>
  2. Describe how the estimated reduction(s) were determined, including the name of the model used: *For consistency, the Department recommends using the University of Central Florida BMPTrains Model.* <http://stars.library.ucf.edu/bmptrains/>
  3. What are the estimated residence times of any ponds, swales, etc.

1. This proposal is for a **nonstructural BMP** project, such as demonstrations, or effectiveness evaluations.

Yes No

* 1. If the answer is yes and you are unable to fill out the Pollutant Load Reduction table, please describe below how the project will reduce pollutant loads.

**POLLUTANT LOAD REDUCTIONS:** *Enter in the table below the load reductions of the impaired parameters that the above described project is estimated to achieve in the affected waterbody. Repeat table as needed for load reduction per BMP implemented. Enter amounts in pounds/year (lbs./yr.).*

1. If the grant and match commitment work is part of a larger project:
   1. Are the reductions for the larger project: Yes No

*Note that if the reductions are for the larger project, you will also need to break out the reductions for just the grant and match committed portion.*

* 1. Are the reductions for the grant and match committed portion only: Yes No

**BMP Name:**

| **BMPs**  **Installed** | **TSS**  **lbs./yr.** | **TP**  **lbs./yr.** | **TN**  **lbs./yr.** | **Sediment**  **lbs./yr.** | **BOD**  **lbs./yr.** | **Mercury**  **lbs./yr.** | **Fecal Coliform**  **lbs./yr.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Load Reduction | - | - | - | - | - | - | - |
| % Reduction | - | - | - | - | - | - | - |

**BMP Name:**

| **BMPs**  **Installed** | **TSS**  **lbs./yr.** | **TP**  **lbs./yr.** | **TN**  **lbs./yr.** | **Sediment**  **lbs./yr.** | **BOD**  **lbs./yr.** | **Mercury**  **lbs./yr.** | **Fecal Coliform**  **lbs./yr.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Load Reduction | - | - | - | - | - | - | - |
| % Reduction | - | - | - | - | - | - | - |

**TOTALS**

| **BMPs**  **Installed** | **TSS**  **lbs./yr.** | **TP**  **lbs./yr.** | **TN**  **lbs./yr.** | **Sediment**  **lbs./yr.** | **BOD**  **lbs./yr.** | **Mercury**  **lbs./yr.** | **Fecal Coliform**  **lbs./yr.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Load Reduction | - | - | - | - | - | - | - |
| % Reduction | - | - | - | - | - | - | - |

**PART V: ADDITIONAL QUESTIONS FOR PROPOSALS WITH EDUCATION COMPONENT(s)**

Include a full description of the proposed project, if not described in PART III.

**PROJECT INFORMATION:** *Please provide responses to the questions below. The questions in the section pertain to only the grant funded and local funded and/or match funded activities unless otherwise specified*.

1. Will the proposal entity be partnering with any other organization? Describe below and identify who will lead efforts for various project aspects.

*Example: Volusia County plans to collaborate with its local governments and interested local non-governmental organizations to run a joint regional education program throughout the entire county. Volusia County will take the lead in managing the Grant Agreement with the Department.)*

1. What is the subject matter of the education outreach?

*Example: Septic maintenance education, reducing nonpoint source pollution from stormwater, reducing nonpoint source pollution through behavior change, LID/Green Infrastructure.*

1. What are the methods and frequency of outreach?

*Example: Develop one PSA, to be aired on local television twice a month for 6 months; and provide 3 workshops in one year, one every 4 months.*

1. What is the size and type(s) of the target audience for each method of outreach?

*Example: PSA on local television aired in X, Y, and Z counties reaching an estimated 5,000 people per airing (all age groups); Workshops – 100 adults per workshop; Workshop on reducing nonpoint source pollution in stormwater for developers of residential and business areas; Two workshops on septic maintenance for the general public; providing an education curriculum to students in primary and secondary schools.*

1. Does any of the outreach described above include education on low impact development (LID)? *If yes, describe what types of LID will be the subject matter.*
2. Describe any materials, not already listed, that will be developed or published under this project and the associated outreach method they will be used in.

*Example: Presentation, fact sheet, and flyer for workshops.*

1. Please describe how the proposed project is expected to reduce pollutant loads and/or protect unimpaired waters.

**PROJECT OVERVIEW:** *Provide a more detailed narrative description of the project education components, keeping in mind the following items to address in the description (limit to 2 pages).*

* Include more details on the subject matter for each type of outreach listed above (if not described in detail in previous responses).
* How will you encourage public participation?

1. **Project Effectiveness:** Measuring project effectiveness is a requirement under the 319(h) grant. Describe how the effectiveness of the education components of the proposed project will be measured. *Provide a detailed description of the method(s) used. Include estimated number of participants in the effectiveness measurement (limit to 2 pages).* *Examples of methods: surveys, monitoring changes in behavior.*

**PART VI – CERTIFICATION, ATTACHMENTS, AND REFERENCES**

I, the undersigned Authorized Representative of the Project Proposal, hereby certify that all information contained herein and in the attached is true, correct, and complete to the best of my knowledge and belief.  I further certify that I have been duly authorized to file the proposal for consideration of funding and to provide these assurances.

Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         (Signature)                                             (Name typed)

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_\_

List the file names for all attachments that are included with this project proposal (such as maps, design plans, GIS files, letters of support, operations and maintenance plan, etc.), a description of what the attachment contains, and the total number of attachments submitted, including the project proposal.

Filename:

Description:

Filename:

Description:

Filename:

Description:

Filename:

Description:

Filename:

Description:

Total Number of Files Submitted (include the project proposal in the total number): \_\_\_\_\_

Cite References (if applicable):