

**Nonpoint Source Management Program Project Proposal**

**PART I – GENERAL INFORMATION**

* 1. **PROJECT TITLE:** Click or tap here to enter text.

* 1. **ORGANIZATION NAME:** Click or tap here to enter text.
  2. **APPLICANT/ENTITY TYPE:** Click to Select from Dropdown
  3. **CONTACT INFORMATION:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

* 1. **SHORT PROJECT DESCRIPTION:** Describe proposed grant and match activities for funding evaluation in 500 words or less.

Click or tap here to enter text.

**1.6 PROJECT LOCATION:**

* **Geographic Location of Project (e.g. city, county, street address):** Click or tap here to enter text.
* **Latitude (decimal degrees):** Click or tap here to enter text.
* **Longitude (decimal degrees):** Click or tap here to enter text.
* **Size of Area Needed to Build Project:** Click or tap here to enter text.
* **Size of Area Being Treated:** Click or tap here to enter text.
* **Land Uses of the Area Being Treated**: Describe land use types and proportion for the drainage area that is contributing runoff to the treatment system (e.g., 50% low-density residential, 20% industrial, 30% agricultural, etc.)Click or tap here to enter text.

**1.7** **Stormwater Runoff Conveyance to Project Site:**

Is the stormwater runoff being directed to the project site for treatment by sheet flow or through urban or agricultural pipes/ditches? Click to Select from Dropdown

If Other/Combination, please describe: Click or tap here to enter text.

**1.8 Land Ownership Status for the Construction of Treatment Infrastructure:**

Click to Select from Dropdown

If land has been acquired, please list the Title owner: Click or tap here to enter text.

**1.9 PROJECT TYPE:** Click to Select From Dropdown

**1.10 PROJECT SUB-TYPE:**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

 BMP Treatment Train

* 1. **Enter # of Septic Tanks Eliminated (if applicable):** Click or tap here to enter text.

**1.12 MS4 Permit:** 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?

 Yes  No

* If yes, describe. Click or tap here to enter text.

*Phase I and Phase II MS4 permits info:*<https://floridadep.gov/water/stormwater/content/municipal-separate-storm-sewer-systems-ms4>

**1.13 O&M Plan:** Does the Proposal Organization have an estimated schedule and funding identified (including in-kind contributions) to operate and maintain this proposed project?

 Yes  No

* If yes, describe. Click or tap here to enter text.

**1.14 Master Plan:** Does the Proposal Organization have a long-term plan to address all stormwater priorities/needs for their community?

 Yes  No

* If yes, describe why this project was chosen as a priority for funding over other alternatives in your planning process. Click or tap here to enter text.

**1.15** **Financially Disadvantaged Community?** Is the project expected to be located in or primarily benefit a financially disadvantaged community? (e.g., Rural Economic Development Initiative)? <https://floridajobs.org/community-planning-and-development/rural-community-programs/rural-definition>

 Yes  No

* If yes, name the community: Click or tap here to enter text.
  1. **Does the proposal’s organization have a dedicated stormwater fee?**

 Yes  No

* If yes, state the monthly fee amount: Click or tap here to enter text.

**1.17 FUNDING REQUEST GRANT TYPE(s):**

 Federal EPA 319(h)

 State Water-quality Assistance Grant (SWAG)

**1.18 Project Funding Status:** Click to Select from Dropdown

* If d project pending or awarded DEP funding, add the following information as applicable: project name, grant and match amounts, DEP Agreement No., project start and end dates: Click or tap here to enter text.

**1.19 Requested Grant Funding Amount:** Click or tap here to enter text.

* If requesting more than one funding type, break out into the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Requested Source** | **Funding Requested Amount** | **Local and/or Match Commitment Source** | **Local and/or Match Commitment Amount** |
| Federal 319(h) Grant | $Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| State Water-quality Assistance Grant (SWAG) | $Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |

**1.20 TOTAL COST (Sum of Proposed Project Funding Request and Entity Local and/or Match Commitment Amounts): $**Click or tap here to enter text.

* For larger or phased projects, does the total requested cost equal the total cost of the entire project?

 Yes  No

* If no, what is the total cost of the entire project: $Click or tap here to enter text.
* If no, list/describe all other funding sources needed to complete the entire project.

Click or tap here to enter text.

**PROPOSED PROJECT READINESS TO PROCEED:**

**1.21 Design Status:** Click to Select from Dropdown

**1.22 Permit Status:** Click to Select from Dropdown

**1.23 Project Start Date (eligible Grant and/or Match Activities):** Click to Select from Dropdown

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**PART II – PROJECT WATERSHED CHARACTERISTICS**

* 1. Provide the name of the waterbody(s) and impaired parameters that this project addresses, including WBID number(s): Click or tap here to enter text.

Link to find Water Body Identification (WBID) numbers and associated impairments:

<https://floridadep.gov/dear/watershed-assessment-section/content/basin-411-0>

* 1. 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.Click or tap here to enter text.
* 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)Click or tap here to enter text.
  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.)?

 Yes  No

If yes, please complete the following:

* Enter name of Water Quality Restoration Plan(s): Click or tap here to enter text.
* Identify if this project contributes to pollutant reductions specified in the Water Quality Restoration Plan(s).

Yes No

* 1. Is your proposed project currently **listed** or will be listed in next update in a Water Quality Restoration Plan? (<https://floridadep.gov/star>)?

Yes No

* If yes, provide the Water Quality Restoration Plan Project Name(s)/ Project ID(s) and any other relevant details: Click or tap here to enter text.

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**PART III – DETAILED PROJECT DESCRIPTION**

**3.1 Describe** **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.

Click or tap here to enter text.

**3.2** Describe project details for work beyond the grant and match request (e.g., larger or phased project description), if applicable:

Click or tap here to enter text.

**3.3 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.

Click or tap here to enter text.

**3.4 Green Infrastructure:** Check all that apply

 Implementation of comprehensive street tree or urban forestry programs, including expansion of tree box sizes to manage additional stormwater and enhance tree health.

 Implementation of green streets (combinations of green infrastructure practices in transportation rights-of-ways), for either new development, redevelopment or retrofits

 Implementation of water harvesting and reuse programs or projects

 Implementation of wet weather management systems for parking areas, including: the incremental cost of porous pavement, bioretention, trees, green roofs, and other practices that mimic natural hydrology

 Not applicable

List any Green Infrastructure BMP’s to be implemented in this project:

Click or tap here to enter text.

**3.5 Nonpoint Source Education:** Describe any education and outreach components of the project, including subject matter, estimated audience type and size, estimated number of trainings and/or workshops, and how you will encourage public participation in the project process.

Click or tap here to enter text.

* 1. **Cost Effectiveness:** Describe how this project is cost effective for reducing pollutants contributing to water quality impairments and/or restoring water quality (e.g., estimated cost per pound removal of total nitrogen or total phosphorus).

Click or tap here to enter text.

* 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.

Click or tap here to enter text.

* 1. **Project Timeline:** Also break out by task as applicable, if known (e.g., construction, monitoring, education, etc.)
* Estimated Project Start Date: Click or tap here to enter text.
* Estimated Project End Date: Click or tap here to enter text.

| **Task Name** | **Grant Funding** | **Match Funding** | **Task Start Date** | **Task End Date** |
| --- | --- | --- | --- | --- |
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**PART IV – EXPECTED POLLUTANT LOAD REDUCTIONS**

* 1. This proposal is for a **nonstructural BMP** project, such as education campaign.

Yes No

* + If yes and you are unable to fill out the Pollutant Load Reduction table, please describe below how the project will be evaluated for effectiveness and/or reduce pollutant loads. Click or tap here to enter text.

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

Yes No

* If yes, describe how the estimated reduction(s) were determined, including the name of the model used: Click or tap here to enter text.

For consistency, the Department recommends using the University of Central Florida BMPTrains Model.<http://stars.library.ucf.edu/bmptrains/>

* + What are the estimated residence times of any ponds, swales, etc. Click or tap here to enter text.

**Enter calculated load reductions for each BMP and the TOTAL grant and match requested work ONLY in the tables below. Copy and paste additional tables per BMP if needed.**

* 1. Are the load reductions in the tables below only for the grant and match/local contribution work amounts? Yes No
  + If no, describe here (not in tables) any additional load reductions expected for the larger/phased project beyond the grant or match requested work? Click or tap here to enter text.

**BMP Name:** Click or tap here to enter text.

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

**BMP Name:** Click or tap here to enter text.

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

**TOTAL PROJECT:**

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

**PART V – BIG PICTURE BENEFITS**

**Describe your project’s benefits to climate resiliency and underserved communities below. If there are no associated benefits or you are not sure, type N/A.**

**5.1 Climate Resilience:** Provide a short description on how this project will be resilient to climate change. Describe the potential vulnerabilities of the proposed project to climate change and the adaptation responses to those vulnerabilities:

Click or tap here to enter text.

**5.2 Benefits to underserved communities:** Provide a short description of whether the project is located in underserved communities. If so, discuss whether the underserved communities or organizations are engaged in the project, and how the project would benefit them.

Click or tap here to enter text.

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**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 date: Click or tap here to enter text.

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: Click or tap here to enter text.

Description: Click or tap here to enter text.

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Total Number of Files Submitted (include the project proposal in the total number): Click or tap here to enter text.

Cite References (if applicable): Click or tap here to enter text.