



FY 2023-2024 Water Project Funding Application Form

1. General Information

| | |
|---|----------------|
| Project Name or Title: | |
| Project Location (City/Town): | County: |
| Geographic Coordinates (decimal degrees): | |
| Required: include separately a project location map (in PDF or JPEG) | |

| | | |
|---|--|----------|
| Name(s) of Applicant: | | |
| Project Manager/Authorized Agent for Applicant: | | |
| Name, Title: | | |
| Entity: | | |
| Mailing Address: | | |
| Address (continued): | | |
| City, State: | | ZIP: |
| Phone: | | Phone 2: |
| Email address: | | |
| Primary Contact for this Project Application (if different): | | |
| Name, Title: | | |
| Entity: | | |
| Mailing Address: | | |
| Address (continued): | | |
| City, State: | | ZIP: |
| Phone: | | Phone 2: |
| Email address: | | |

2. Funding Program and Project Type. Select either A or B below and then check any project types that apply.

A. ☐ Alternative Water Supply

- ☐ Reclaimed Water
- ☐ Water Conservation
- ☐ Stormwater
- ☐ Surface Water

- ☐ Brackish Groundwater or Desalination
- ☐ Other Non-Traditional / Other Water Quantity
(name of AWS): _____

B. ☐ Springs Restoration

- ☐ Wastewater Collection and Treatment
- ☐ Water Conservation
- ☐ Stormwater
- ☐ Hydrologic Restoration

- ☐ Agricultural Best Management Practices
- ☐ Land Acquisition
- ☐ Reuse
- ☐ Other Water Quality/Quantity

3. Project Description

In 150 words or less provide a concise but complete description of the proposed project. **What does the project do and why is it needed?** Be specific with size or scope of the project, purpose, activities, tasks, and quantity of work or items to complete (i.e., number of connections served, linear feet of pipe, etc.).

4. Project Outcomes and Benefits

In 150 words or less provide a narrative of the anticipated outcomes, results, and benefits of the proposed project. Name of the spring, aquifer or waterbody that will receive the most direct benefit from the proposed project as well as any secondary or ancillary water resources to be benefitted. Note whether the project addresses any water quality impairments, management plan strategies (such as Basin Management Action Plans, Regional Water Supply Plan, etc.), or benefits other priority water resources. Benefits may also include local community or economic development, additional environmental or natural system protection, and if the project provides additional or complementary benefits to other efforts.

A. ☐ Water Quantity Benefits (check box and fill in below as applicable)

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|-------------------|--|---|--|
| Reuse Flow (MGD): | | Where applicable, quantity of potable offset reuse (MGD): | |
|-------------------|--|---|--|

| | | | |
|---------------------------------|--|--|--|
| Other AWS/Non-Reuse Flow (MGD): | | Storage or Distribution/ Transmission Capacity (MG): | |
|---------------------------------|--|--|--|

Water Conservation Savings. Include the estimated quantity (MGD) and how it was calculated:

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B. ☐ Water Quality (check box and fill in below as applicable). Refer to [DEP's springs guidance](#) appendices for assistance on how to measure project benefits.

| | | | |
|------------------------------|--|------------------------------|--|
| Nitrogen Reduced (lbs./yr.): | | Sediment Reduced (lbs./yr.): | |
|------------------------------|--|------------------------------|--|

Any other expected water quality benefits:

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C. Measures of Success. Briefly describe how the project's effectiveness will be measured and indicate specific metrics. Examples include pre- and post- water quantity or quality audits, number of added customers, monitoring programs, etc.

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5. Project Status and Schedule

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| A. Select the current status of the project (check one). | <input type="checkbox"/> Conceptual planning <input type="checkbox"/> Design stage; % complete: ____ <input type="checkbox"/> Shovel-ready |
| B. Briefly describe the project schedule and planned next steps. Note that all projects should plan to begin in the Fall of 2023 and be complete within 24-36 months. | |
| C. Describe the applicant's readiness to proceed and commitment to complete project within the proposed timeframe. | |
| D. Briefly describe any known or anticipated challenges (e.g., permitting, site access, labor or funding constraints, easements, etc.), and how they will be addressed. | |

6. Project Funding

Complete the following: (A) project budget table, (B) financial need and local commitments, and (C) any additional funding sources. Where available, submit project and construction cost estimates with this application.

A. Project Budget Table

| Budget by Task | Requested Grant Amount | Match Funding Amount ⁽ⁱ⁾ | Match Funding Source |
|--------------------|------------------------|-------------------------------------|----------------------|
| 1) _____ | | | |
| 2) _____ | | | |
| 3) _____ | | | |
| 4) _____ | | | |
| 5) _____ | | | |
| 6) _____ | | | |
| Totals | | | |
| Total Project Cost | | | |

(i) Except for qualifying communities, a minimum 50% match of the overall cost to complete the project is required. Match funds will transfer to a contract requirement, so only include committed funds.

B. Financial Need and Local Commitment

In 150 words or less, provide a description of local commitments, match, and financial need. Identify project partners or cooperating entities and how they are contributing or how match funds are committed to the project. Describe public support and how this was achieved (noticed meetings, public workshops, etc.). Also describe the capability of local revenue sources for ongoing operation and maintenance over the life of the proposed project.

Indicate if the applicant is economically distressed or financially disadvantaged pursuant to sections 288.0656 or 403.1838(2), Florida Statutes.

Clearly indicate if project is contingent upon additional funding sources to proceed as presented (including if a companion project is planned).

C. Additional Funding Sources

Note all that apply including year and/or status (include all years and funding amounts).

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| NFWFMD Springs Restoration Funding Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| DEP Revolving Loan or USDA Loan Programs Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| Florida Legislature Water Projects Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| Other (name) _____ Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |

7. Multi-Phase Projects (SPRINGS RESTORATION FUNDING ONLY)

Only complete this section if submitting a springs restoration funding project for consideration as a multi-phase project. If not applicable, leave blank.

A. Multi-Phase Project Description and Benefits

In 150 words or less, provide a description of the overall multi-phase project and schedule, and any additional information regarding future phases. Note at what phase the anticipated outcomes will be realized and describe how the project phasing or other milestones will make progress toward the final outcome.

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B. Multi-Phase Project Funding Plan

Complete the following table for the estimated funding needs for the next five years. If no district funding is anticipated for a given year, leave blank.

| Funding Year | Requested Grant Amount | Match Funding Amount ⁽ⁱ⁾ | Match Funding Source |
|------------------------------|------------------------|-------------------------------------|----------------------|
| Year 1 – FY 2023-24 (see 6A) | | | |
| Year 2 – FY 2024-25 | | | |
| Year 3 – FY 2025-26 | | | |
| Year 4 – FY 2026-27 | | | |
| Year 5 – FY 2027-28 | | | |
| Totals | | | |
| Total Project Cost | | | |

(i) Except for qualifying communities, a minimum 50% match of the overall cost to complete each phase of the project is required. Match funds will transfer to a contract requirement, so only include committed funds.

8. Submitting a Proposal

Complete and submit this form with supporting information according to the Springs **Application Guidelines** to: grants@nwfwater.com. Visit www.nwfwater.com for more information.