Applications are limited to 25 pages and all submittals must uploaded at <https://www.sfwmd.gov/doing-business-with-us/coop-funding> by **July 31, 2020 at 4:00 PM**.

Project Summary

|  |
| --- |
| **Project Name:**  Enter text. |
| **Applicant:**  Enter text. |
| **Authorized Representative:**  Enter text. | **Project Manager (if different):** Enter text. |
| **Address:** Enter text. | **Address:** Enter text. |
| **City/Zip:** Enter text. | **City/Zip:** Enter text. |
| **Telephone:** Enter text. | **Telephone:** Enter text. |
| **Email:** Enter text. | **Email:** Enter text. |
|  |
| **Federal ID Number:** Enter text. |  |
| **Project Latitude (decimal degrees):** Enter text. | **Project Longitude (decimal degrees):** Enter text. |
|  |
| **Phase Construction Cost ($):** Enter text. | **Total Capital Cost ($):** Enter text. N/A [ ]  |
| **Requested State Funding ($):** Enter text. | **Applicant’s Match Funding ($):** Enter text. |
| **Third-Party Match Funding ($):** Enter text. | **State Appropriation Funding ($):** Enter text. |
|  |
| **SFWMD Planning Region:** Enter text. | **County:** Enter text. |
|  |  |
| **AWS Project Type (reclaimed, brackish, ASR, etc.):** Enter text. |
|  |
| **Multi-year Project?** Yes [ ]  No [ ]  |  |
|  |
| **Anticipated Construction Start Date:** Enter text. | **Anticipated Completion Date:** Enter text. |
| **Phase Capacity (mgd)** (within 2 years)**:** Enter text. | **Total Capacity (mgd)** (upon completion)**:** Enter text. |
| **Storage Capacity (mg):** Enter text. | **Distribution Capacity (mgd):** Enter text. |
|  |
| **Are other agencies contributing funding to this project?** Yes [ ]  No [ ] If yes, source(s): Enter text.If yes, amount(s): Enter text. |
|  |
| **Does any contractor or other affiliate of the Applicant have a financial interest in this project, the property associated with this project, or with any party that may profit financially from this project?** Yes [ ]  No [ ] If yes, list the parties and interests: Enter text. |
|  |
| **Is the project part of your institution’s capital/facilities work program?** Yes [ ]  No [ ]  |
|  |
| **This is a State of Florida reimbursement program with the entire project scope expected to be completed within the funding period, regardless of amount awarded. There is no guarantee the Applicant will be awarded the amount requested. Are budgeted funds available to pay for the entire scope of the project?** Yes [ ]  No [ ]  |
|  |
| **Does the Applicant understand that if, for any reason, the project scope is not 100% completed as outlined in the statement of work, the funding amount may be reduced to match the original percentage of funding in the contract that was based on the estimated construction cost provided in the application?** Yes [ ]  No [ ]  |
|  |
| **Does the Applicant understand that funds are only for applicable expenses incurred or obligated during the funding period?** Yes [ ]  No [ ]  |
|  |
| **Is the Applicant a REDI Community?** Yes [ ]  No [ ]  N/A [ ]  |
|  |
| **Has this project received previous SFWMD or State funding?** Yes [ ]  No [ ] If yes, provide the following information: |
| **Year Awarded** | **Contract Number** | **Amount Awarded** | **Amount Spent** |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |

Short Description

**In the box below, provide two to three sentences describing the project for which funding is being requested.**

|  |
| --- |
| Enter text. |

Project Figures

**Note:** Each figure should fit on a sheet of 8.5” × 11" paper and include a North arrow.

**Figure 1:** **Project Location.** City or town map clearly showing the project location in relation to the nearest major street or road intersection.

**Figure 2:** **Project Details.** Project-level map showing sufficient detail depicting the proposed project (e.g., show a proposed pipeline between two intersections bounding the project; show a plant layout with the proposed project phase components highlighted, such as storage/chlorination tank, etc.).

Project Details

Statement of Work

This section will be used to create the contract document if the project is selected for funding. Provide detail on your project as follows:

1. Introduction/Background (up to 6 paragraphs)

Enter text.

1. Objectives (1-2 paragraphs)

Enter text.

1. Detailed Scope of Work (up to 6 paragraphs)

Enter text.

Table 1 – Project Breakdown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fiscal Year** | **FY21** | **FY22** | **FY23** | **FY24 and Beyond** | **Project Total** |
| Project Phase (e.g., Phase 1/3, etc.) | Enter text. | Enter text. | Enter text. | Enter text. | Not applicable |
| Major Deliverables (brief description) | Enter text. | Enter text. | Enter text. | Enter text. | Not applicable |
| Construction Cost ($) | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Planning/Design/Engineering/Other Costs ($) | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Total Cost ($) | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Capacity Water Made Available (mgd)1 | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1Include capacity water made available only in the year the project becomes operational.

**Table 2 – Deliverables Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task No.** | **Deliverable(s)****(List major tasks to be completed – add lines as needed)** | **Expected Completion Date** | **Construction Cost ($)** |
| 1 | Enter text. | Enter text. | Enter text. |
| 2 | Enter text. | Enter text. | Enter text. |
| 3 | Enter text. | Enter text. | Enter text. |
| 4 | Enter text. | Enter text. | Enter text. |
| 5 | Enter text. | Enter text. | Enter text. |
| 6 | Enter text. | Enter text. | Enter text. |
| 7 | Enter text. | Enter text. | Enter text. |
| 8 | Enter text. | Enter text. | Enter text. |
| 9 | Enter text. | Enter text. | Enter text. |
| 10 | Enter text. | Enter text. | Enter text. |
|  |  | **Total1** | Enter text. |

1Total deliverable costs should match the information in **Table 1** and the description in the Detailed Scope of Work above. Deliverables should be descriptive (e.g., number and size of pumps, length, diameter and location of pipelines) to identify what work is being completed and funding requested.

Project Background and Supporting Information

Please clearly and briefly answer the following questions and provide supporting information.

**Have the project design and bid drawings been completed?** Yes [ ]  No [ ]

If yes, date: Enter text.

If no, anticipated date: Enter text.

**Has the contractor been selected?** Yes [ ]  No [ ]

If no, when: Enter text.

**Have all land purchases, agreements, rights-of-way, etc. been executed?** Yes [ ]  No [ ]

If no, explain: Enter text.

**Have all other necessary items to start construction been completed?** Yes [ ]  No [ ]

If no, explain: Enter text.

List all relevant permits required to start or continue construction in **Table 3**.

Table 3 – Permits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Permit No.** | **Permit Type (Water/WW, ERP, CUP, Building)** | **Permit Obtained?** | **Permit****Date (expected date if not obtained yet)** |
| **Yes** | **No** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. If applicable, provide the name of the related project in the water supply plan (WSP) associated with the proposed work. Projects can be found in the relevant WSP. If the project is not included in a WSP, indicate if it is included in the Water Supply Facilities Work Plan and/or Capital Improvement Schedule in the applicable local government’s Comprehensive Plan:

Enter text.

Name of Water Supply Plan Project Title or Local Government Project Title

1. Please address the following factors described in FDEP’s Guidance Memorandum, dated July 22, 2019 and/or Section [373.707, F.S.](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0373/Sections/0373.707.html) (alternative water supply development):

a. In addition to water supply benefits, does the project provide any water quality benefits? If so, please explain.

Enter text.

b. In addition to water supply benefits, does the project provide complementary benefits such as water conservation, flood protection, or recreational benefits? If so, please explain.

Enter text.

c. Describe the quantity of water supplied by the project compared to its construction cost. Provide a calculation showing the average annual daily quantity of water supplied by the project (expressed in millions of gallons of water), divided by the annualized capital cost of the project. If the project will not be used continuously, please provide the annual amount of water that will be supplied by the project. Calculations can be attached as a separate document.

Enter text.

d. Is the project going to be implemented by a multi-jurisdictional water supply entity or regional water supply authority? If yes, please provide name of entity.

Enter text.

e. Does the project implement reuse that assists in the elimination of domestic wastewater ocean outfalls, as provided in Section [403.086(9)](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0403/Sections/0403.086.html), F.S.?

Enter text.