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 (PM) (if different):** Enter text. |
| **Address:** Enter text. | **PM Address:** Enter text. |
| **City/Zip:** Enter text. | **PM City/Zip:** Enter text. |
| **Telephone:** Enter text. | **PM Telephone:** Enter text. |
| **Email:** Enter text. | **PM Email:** Enter text. |
|  |
| **Federal ID Number:** Enter text. | **Type of Organization:** Enter text. |
| **Project Latitude (decimal degrees):** Enter text. | **Project Longitude (decimal degrees):** Enter text. |
|  |
| **Total Project Cost ($):** Enter text. |  |
| **Requested State Funding ($):** Enter text. | **Applicant Match Funding ($):** Enter text. |
| **Third Party Match ($):** Enter text. | **State Appropriation Funding ($):** Enter text. |
|  |  |
| **SFWMD Planning Region:** Enter text. | **County:** Enter text. |
|  |  |
| **Multi-year Project?** Yes [ ]  No [ ]  |  |
|  |
| **Anticipated Start Date:** Enter text. | **Anticipated Completion Date:** Enter text. |
| **Estimated Water Savings\* (mgd)** (must match project details #5 below)**:** Enter text. | **Cost Effectiveness\* ($/kgal)** (must use provided calculator)**:** Enter text. |
| *\*Note: If water savings and cost effectiveness are not provided, application may be determined incomplete and project deemed ineligible.* |
|  |
| **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/facility’s conservation plan?** 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 fulfilled to 100% completion as outlined in the statement of work, the funding amount will be reduced to match the original percentage of funding in the contract/purchase order based on the estimated project cost provided in the Application?** Yes [ ]  No [ ]  |
|  |
| **Does the Applicant understand that funds are only for expenses incurred or obligated during the funding period?** Yes [ ]  No [ ]  |
|  |
| **Is the Applicant a REDI Community?** Yes [ ]  No [ ]  |
|  |
| **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. |

PROJECT DETAILS

|  |
| --- |
| 1. Please provide a brief description of the project (2-3 sentences, 600 character max). Indicate quantities of each hardware/technology item(s):

      |
| 1. Provide a detailed background, description, and scope of work for the proposed project. Please include:

Objective (2-3 sentences, 600 character max.):     Item(s) to be purchased/installed/distributed and quantities of each (deliverables/methodology)(2-3 paragraphs 1,500 characters max.):     Target group and size (for irrigation projects, the acreage affected by the project must be specified)(2-3 sentences, 600 character max.):     Location of the project (2-3 sentences, 600 character max.):      |
| 1. If applicable, state any environmental or community benefits of this project other than reducing demand from a potable water source. Other benefits could include water quality or habitat improvements, and/or benefitting a low-income, senior, or affordable housing community (2-3 sentences, 600 character max.).

      |
| 1. If applicable, state how the project showcases innovation using new technology or the method in which the project is being implemented.
 |
| Enter text. |
| 1. Is this a rebate or voucher program? Yes [ ]  No [ ]

If yes:1. How many rebates or vouchers in total will be issued within the funding period1? Enter text.
2. What is the maximum number of rebates/vouchers issued to a single Participant? Enter text.
3. How many dwelling units/facilities will this program attempt to reach at a minimum during the funding period2, 3? Enter text.
4. List any additional types of fixtures or devices, such as, but not limited to, a showerhead or faucet aerator that a Participant may receive. Enter text.
 |
| *Note:**1Do not enter a range. The final reimbursement will be tied to this number.**2This questions assumes all Participants accept the maximum number of allowable rebates/vouchers.**3This is the figure you must use in the calculation associated with question 5*. |
|  |
| 1. State the estimated water savings resulting from this project and provide the calculations for that savings estimate below (i.e., “show the math”). Express estimated water savings in million gallons per year (mgy). Be as specific as your available data allows. Base your calculations on the minimum number of dwelling units affected (for residential projects) or devices installed (for non-residential projects). You must state any assumptions included in your calculations. If you answered “Yes” to question 5, you must use the minimum number of dwelling units or facilities entered into 5c.

Enter text.  |
|  |
| 1. The cost effectiveness calculation allows all project types to be compared to each other. The calculation considers the cost to implement the project, amortized at 2.85%, and the benefits of the project over the anticipated service life of the hardware and/or technology. Cost effectiveness is expressed in dollars per 1,000 gallons ($/kgal) saved. A cost effectiveness calculator has been created for you and can be downloaded via this [link](http://www.sfwmd.gov/portal/page/portal/xrepository/sfwmd_repository_xlsx/cst_efectvnscal_final.xlsx). If you have difficulty accessing the calculator, you may contact Robert Wanvestraut at rowanves@sfwmd.gov or (561) 682-6615, or Jim Harmon at jharmon@sfwmd.gov or (561) 682-6777. An electronic copy of the cost effectiveness calculator must be included with the Application.

Enter text. |
|  |
| 1. Please enter itemized cost information in the table below.

*Note: If some of the project work is being done “in-house” or “in-kind”, please briefly describe.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Hardware/Technology Items** | **Quantity of Items or Rebates** | **Cost per Item or Rebate or Voucher** | **Installation Cost per Item** | **Total Cost for Each Line** |
| 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. | 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. |
| **In-kind Services** | **Number of Hours/Items** | **Cost per Hour/Item** | **Total Cost for Each Line** |
| 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. |
| **TOTAL** (items above should equal the Total Project Cost) | Enter text. |
|  |
| **Source(s) of Other Funds**(only applies to non-Applicant funding) | **Funding Level** |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |

|  |
| --- |
| 1. Identify the water source(s) that will be conserved.
 |
| [ ]  Potable water from a utility at risk for saltwater intrusion based on elevated chloride levels in monitor wells or within a Restricted Allocation Area (Section 3.2.1 of the *Applicant’s Handbook for Water Use Permit Applications*)[ ]  Potable water from a utility not at risk for saltwater intrusion or within a Restricted Allocation Area[ ]  Potable water, but not sure if the area is at risk of saltwater intrusion or within a Restricted Allocation Area (Specify the provider utility: Enter text.)[ ]  Surficial groundwater in the service area of a utility at risk for saltwater intrusion based on elevated chloride levels in monitor wells[ ]  Surficial groundwater in the service area of a utility not at risk for saltwater intrusion[ ]  Surficial groundwater, but unsure if at risk for saltwater intrusion (Specify the water body: Enter text.)[ ]  Water from a canal or stormwater catchment area (e.g., a man-made lake within a housing development)[ ]  Reclaimed water[ ]  Other (Specify) Enter text. |
|  |
| 1. If the Applicant has a water use permit, please provide the permit number: Enter text.
 |
| 1. Has the cost effectiveness calculation been completed and uploaded separately as an Excel file?

Yes [ ]  No [ ]  |