Applications are limited to 25 pages, and all submittals must uploaded at <http://www.sfwmd.gov/coopfunding> by March 27, 2020 at **5:00 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:** Enter text. | | | **Project Longitude:** 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 ($):** Enter text. | | |
|  | | |  | | |
| **District:** Enter text. | | | **County:** Enter text. | | |
|  | | |  | | |
| **Multi-year Project?** Yes  No | | |  | | |
|  | | | | | |
| **Anticipated Start Date:** Enter text. | | | **Anticipated Completion Date:** Enter text. | | |
| **Estimated Water Savings (mgy):** Enter text. | | | **Cost Effectiveness ($/kgal)** (must use provided calculator)**:** Enter text. | | |
|  | | | | | |
| **Are there 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  N/A | | | | | |
|  | | | | | |
| **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 | | | | | |
|  | | | | | |
| **Has this project received previous District or State funding?** Yes  No  If yes, provide the following information: | | | | | |
| **Year Awarded** | **District** | **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. | Enter text. | Enter text. | | Enter text. | Enter text. |

PROJECT DETAILS

|  |
| --- |
| 1. Please provide a brief description of the Project (2-3 sentences). If applicable, indicate quantities of each hardware/technology item(s): |
| Enter text. |
|  |
| 1. Provide a detailed background, description, and scope of work for the proposed project.   Please include: |
| **a. Background:**  Enter text. |
| **b. Objective:**  Enter text. |
| **c. Item(s) and quantity of each to be purchased/installed/distributed:**  Enter text. |
| **d. Target group and its size:**  Enter text. |
| **e. Location of this project:**  Enter text. |
|  |
| 1. If applicable, state any *environmental* or *community* benefits of this Project *other than reducing demand*. Other benefits could include water quality, habitat improvements, or other resource benefits (e.g., MFLs, wetlands) and/or benefiting a low-income, senior, or affordable housing community. |
| 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. 5. If a showerhead or faucet aerator is part of this project, confirm it will be provided to end users in exchange for the inefficient model and not as part of a giveaway. Enter “Confirmed” in the space provided. 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 show how this estimate was calculated. Express estimated water savings in million gallons per year (mgy). Be as specific as your available data allow. 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 4, you must use the minimum number of dwelling units or facilities entered into 4c.   Enter text. |
|  |
| 1. The Cost Effectiveness calculation allows all project types to be compared to each other. The Cost Effectiveness 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 $/kgal (or dollars per 1,000 gallons 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](mailto:rowanves@sfwmd.gov) or (561) 682-6615, or Stacey Adams at [sadams@sfwmd.gov](mailto:sadams@sfwmd.gov) or (561) 682-2577. An electronic copy of the Cost Effectiveness calculator is required to be included with the application submission.   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. | | |

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| --- |
| 1. Identify the water source that will be conserved: |
| Potable water from a utility  Well water  Surface water body of natural waterway (Specify the water body: Enter text.)  Water from a canal or stormwater catchment area (such as a man-made lake within a housing development, agricultural sector, golf course, etc.)  Reclaimed water.  Other (Specify) Enter text. |
|  |
| 1. If the Applicant has a consumptive/water use permit, please provide the Permit Number: Enter text. |

**ACKNOWLEDGMENT FORM**

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Authorized Representative of the project owner) this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2020 who, first being duly sworn, as required by law, hereby acknowledges:

1. The statements contained in this project information package are true, correct and complete to the best of his/her knowledge and that the undersigned has the authority from the project owner to make the representations contained herein.

2. The undersigned represents the described deliverables for this phase of the project will be completed and invoiced no later than November 30, 2022

3. The undersigned represents that the project owner intends to begin construction of the project by this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, in the year \_\_\_\_\_\_\_.

4. The undersigned represents that the project owner understands the project contract expiration is December 31, 2022 and further understands that if the project is not completed by that date, the South Florida Water Management Districts reserves the right to rescind funding.

**STATE OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Owner’s Representative Print Name**

SWORN TO and subscribed before me \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2020.

Such person(s) (Notary Public must check applicable box):

[ ] is/are personally known to me.

[ ] produced a current driver license(s).

[ ] produced as identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(NOTARY PUBLIC SEAL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

Submittal checklist (Not required as part of the application – reference only)

The online submission form has been completed with all required information and the following items have been uploaded:

The Acknowledgment Form, on Applicant letterhead, has been completed and notarized and uploaded separately as a PDF.

The Application has been completed and uploaded separately as a Word file.

The Cost Effectiveness Calculator has been completed and uploaded separately as an Excel file.