# STATE OF FLORIDA FUNDING CONSIDERATION
# ALTERNATIVE WATER SUPPLY PROJECT APPLICATION
# Fiscal Year 2027

2027

**There are eight (8) tabs in SFWMD's AWS Cooperative Funding Program Application.**
**You must complete all eight (8) tabs for your application to be considered, "Complete."**
**All submittals must be uploaded at https://www.sfwmd.gov/doing-business-with-us/coop-funding by February 26, 2026, at 4:00 PM. Please refer to the example applications located on the website for help in completing your application. Applications must be submitted in Excel format and not PDF.**

**For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.**

## Project Header Information

| | | |
|---|---|---|
| 1 | Project Name | Reclaimed Water System Extension – Phase 2 |
| 2 | Applicant | City of Springfield Utilities |
| 3 | Authorized Representative | Laura Jones |
| 4 | Address | 123 North Harbor Drive |
| 5 | City | Springfield |
| 6 | Zip code | 33333 |
| 7 | Telephone | 954-555-1234 ext. 1098 |
| 8 | Email | ljones@springfield.com |
| 9 | Project Manager (if different) | Mike Smith |
| 10 | Address | 123 North Harbor Drive |
| 11 | City | Springfield |
| 12 | Zip code | 33333 |
| 13 | Telephone | 954-555-1234 ext. 2835 |
| 14 | Email | msmith@springfield.com |
| 15 | Federal ID Number | 59-6000000 |
| 16 | Project Latitude (decimal degrees) | 26.493675 |
| 17 | Project Longitude (decimal degrees) | -80.329744 |
| 18 | Phase Construction Cost ($) | $3,500,000 |
| 19 | Requested State Funding ($) | $1,500,000 |
| 20 | Third-Party Match Funding ($) | $0 |
| 21 | Total Capital Cost ($) | $5,750,000 |
| 22 | Applicant's Match Funding ($) | $2,000,000 |
| 23 | State Appropriation Funding ($) | $0 |
| 24 | SFWMD Planning Region | Lower East Coast |
| 25 | Municipal area (area[s] benefited; list all) | Springfield City |
| 26 | County | Palm Beach |
| 27 | Constructed on state-owned land Yes/No | No |
| 28 | AWS Project Type (reclaimed, brackish, ASR, etc.) | Reclaimed Water |

**Continue to scroll down.**

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**Project Header Sheet**

| | | |
|---|---|---|
| 29 | Multiyear Project? Yes/No | Yes |
| 30 | Anticipated Construction Start Date | 12/1/2026 |
| 31 | Anticipated Completion Date | 8/30/2027 |
| 32 | Phase Capacity (mgd) (within 1-2 years) | 2.00 |
| 33 | Confirm: Will THIS PHASE of the project will create additional capacity? Yes/No | Yes |
| 34 | Total Capacity (mgd) (upon full project completion) | 3.00 |
| 35 | Reclaimed only - Distribution Capacity (mgd) | 3 |
| 36 | Storage Capacity, if applicable (mg) | N/A |
| | Are other agencies contributing funding to this project? | |
| 37 | Yes / No | No |
| 38 | If yes, source(s): | N/A |
| 39 | If yes, amount(s): | N/A |
| | 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? | |
| 40 | Yes/No | No |
| 41 | If yes, list the parties and interests: | N/A |
| | Is the project part of your institution's capital/facilities work program? | |
| 42 | Yes/No | Yes |
| | If applicable, provide the name of the related project as it appears in the water supply plan (WSP) associated with the proposed work. Projects can be found in the relevant WSP at https//www.sfwmd.gov/our-work/water-supply.<br>If the project is not included in a WSP, but if it is included in the Water Supply Facilities Work Plan and/or Capital Improvement Schedule of the applicable local government's Comprehensive Plan indicate the project name below.<br>Enter Name of Water Supply Plan Project Title or Local Government Project Title below. | |
| 43 | Springfield Reclaimed Water System Expansion – Phase 2 (2018 LEC WSP pg. E-6 and City of Springfield Capital Improvement Program Budget FY27-29, project number P4567) | |
| | Name of Water Supply Plan Project Title or Local Government Project Title (above) | |
| | This is a State of Florida reimbursement program with the entire project scope expected to be completed within the funding period (begin on or after October 1, 2026), 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? | |
| 44 | Yes/No | Yes |
| | Does the applicant understand that if, for any reason, the project scope is not 100% completed as outlined in the scope 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? | |
| 45 | Yes/No | Yes |
| | Does the applicant understand that funds are only for applicable expenses incurred during the funding period? | |
| 46 | Yes/No | Yes |
| | Does the applicant have a Water/Consumptive Use Permit? | |
| 47 | Yes/No N/A | Yes |
| 48 | If yes, provide permit number: | 50-12345-W |

**For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.**

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**Project Header Sheet**

| | | |
|---|---|---|
| | Local governments: Does the applicant have an irrigation ordinance consistent with Chapter 40E-24, Florida Administrative Code (F.A.C.) (Mandatory Year-Round Landscape Irrigation Conservation Measures)? | |
| 49 | Yes/No N/A | Yes |
| 50 | If yes, provide ordinance number: | Ch. 15 Article III, Div. 1, Sec 19-82 |
| | Does the applicant understand if the irrigation ordinance above does not fully comport with Chapter 40E-24, F.A.C., the application will be deemed ineligible for funding consideration? | |
| 51 | Yes/No N/A | Yes |
| | Local governments: Does the applicant have an approved Water Supply Facilities Work Plan pursuant to Sections 163.3177 and 163.3184, Florida Statutes (F.S.)? | |
| 52 | Yes/No N/A | Yes |
| 53 | If yes, Approval/Adoption date | 5/19/2024 |
| | If yes, ordinance number: | City Ordinance Ch. 11, Article 2, Sec. 10-7(c) |
| | If "no" selected above: Does the applicant have a proposed Water Supply Facilities Work Plan to be approved before February 26, 2026? | |
| 54 | Yes/No N/A | N/A |
| 55 | If yes, Approval/Adoption date | N/A |
| 56 | If yes, ordinance number: | N/A |
| | Does the applicant understand if the Water Supply Facilities Work Plan above does not meet Sections 163.3177 and 163.3184, F.S., the application will be deemed ineligible for funding consideration? | |
| 57 | Yes/No N/A | Yes |
| | Is the applicant in a Rural Economic Development Initiative (REDI) Community? | |
| 58 | Yes/No | No |

**Continue to scroll down.**

**Continue to scroll down.**

| | | |
|---|---|---|
| | Has this project received previous SFWMD or state funding? | |
| 59 | Yes/No | Yes |

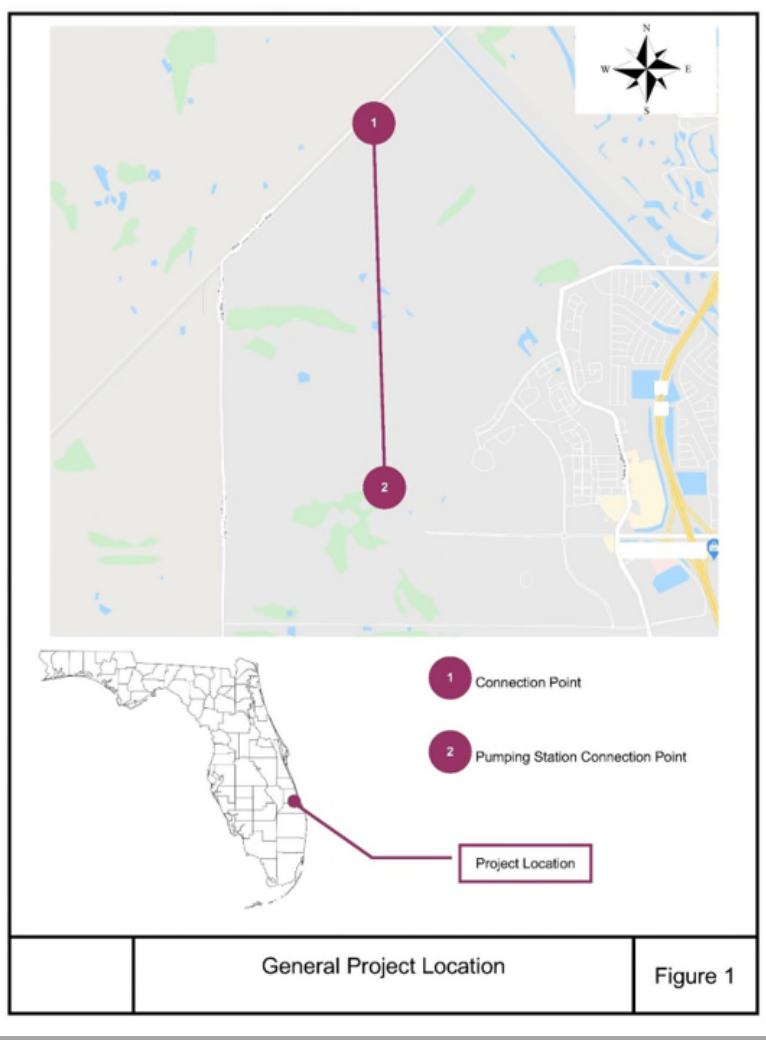
If yes, provide the following information:

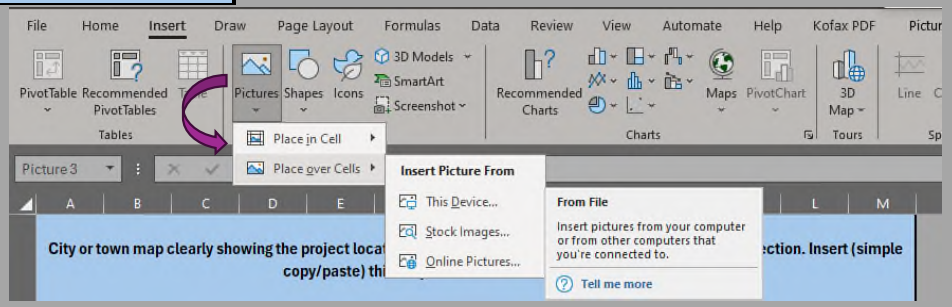
| | Contract Number | Year Awarded | Amount Awarded | Award Amount Spent |
|---|---|---|---|---|
| | 4600009999 | 2016 | $500,000 | $500,000 |
| 60 | | | | |
| | | | | |
| | | | | |

**Continue on to the Project Figures tabs. (There are two.)**

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

**Insert (simply copy/paste) the map into this tab as a JPEG, PNG, or GIF using the image at the right as a guide.**
**Otherwise,**
**upload the image of your map directly into the Cooperative Funding Program Application Portal.**



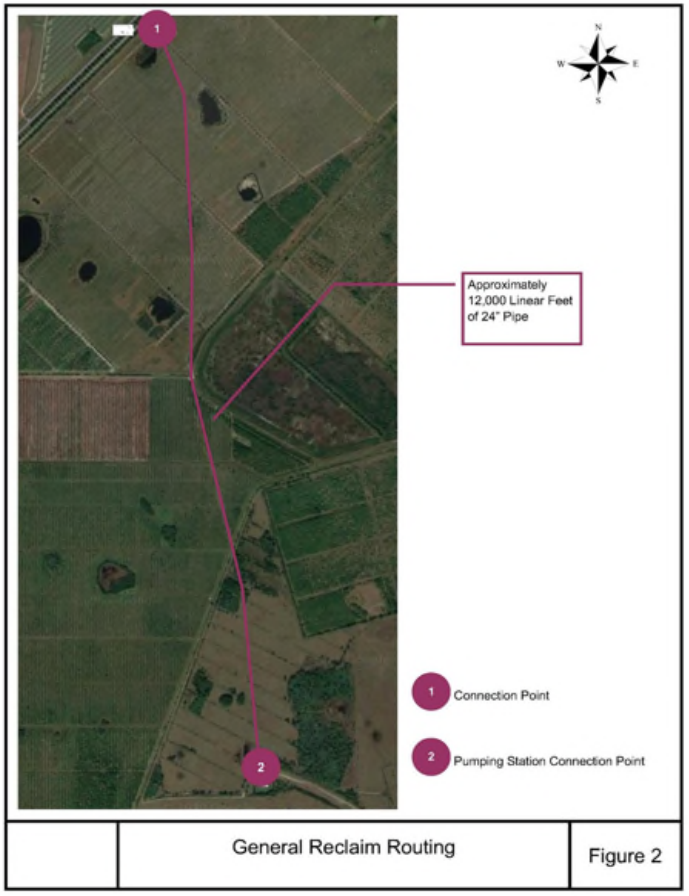



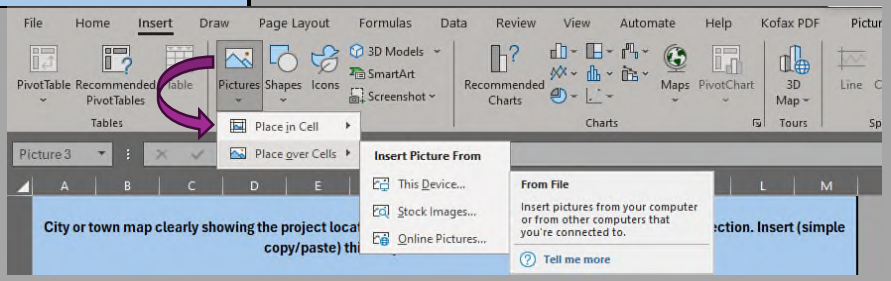

Continue on to the Project Figure 2 Tab.

**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 a storage/chlorination tank).**

**Insert (simply copy/paste) the map into this tab as a JPEG, PNG, or GIF using the image at the right as a guide.**
**Otherwise,**
**upload the image of your map directly into the Cooperative Funding Program Application Portal.**




**Continue on to the Project Description & SOW Tab.**

| | Short Project Description<br>Provide two to three sentences describing the project for which funding is being requested (what will be constructed during the funding period). | |
|---|---|---|
| | TIP: Hold Alt and hit Enter to start a new paragraph. | TIP: Hold Alt and hit Enter to start a new paragraph. |
| 1 | The City of Springfield Utilities Department (City) will expand the existing reclaimed water distribution system, primarily with the addition of new, large-user customers. Construction of Phase 2 will install a distribution pipeline, so new reclaimed water customers can be added in Phase 3. The primary potential large users will be commercial properties and golf courses. Phase 2 includes approximately 12,000 linear feet of 24-inch pipeline along Main Street in the eastern portion of the City's service area. This will reduce ocean disposal to serve as a wet-weather and emergency back-up only. | For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank. |

| | Statement of Work<br>This section will be used to create the contract document if the project is selected for funding. Provide detail on your project as follows: | |
|---|---|---|
| | Introduction/Background (up to 6 paragraphs) | Continue to scroll down. |
| | TIP: Hold Alt and hit Enter to start a new paragraph. | TIP: Hold Alt and hit Enter to start a new paragraph. |
| 2 | The City operates and maintains a wastewater treatment and disposal facility. The treatment facility utilizes a deep injection well and an ocean outfall for disposal of its treated effluent. State statutes require ocean outfall facilities to install a functioning reclaimed water reuse system by no later than December 31, 2025, which provides a minimum of 60% of the facility's actual flow for acceptable reuse purposes. Implementation of a reclaimed water system will reduce the demands on both the surficial aquifer and on the City's potable water system and eliminate the need of ocean discharge outside of wet weather and emergency back-up senarios.<br><br>The City's Reclaimed Water Master Plan Update identifies this expansion (Phases 1-3) as providing 3.0 million gallons per day (mgd) of reclaimed water by the end of Phase 3, with 2.0 mgd available by the end of Phase 2. The City plans to implement other projects identified in the Reclaimed Water Master Plan Update on a continual basis over the next 10 years. The Reclaimed Water Master Plan Update is consistent with the City's comprehensive plan, which specifically encourages more reuse of effluent from the wastewater treatment plant to reduce the demands on the potable water system. Phase 1 included reclaimed water main route survey, subsurface utility engineering, design, permitting, construction documents, bidding coordination, public outreach, and limited construction administration support. | |

| | Project Objectives (1 - 2 sentences) | Continue to scroll down. |
|---|---|---|
| | TIP: Hold Alt and hit Enter to start a new paragraph. | TIP: Hold Alt and hit Enter to start a new paragraph. |
| 3 | The objective is to increase the City's reclaimed water distribution capacity by 2.0 mgd in the next two years and eliminate the need for ocean outfall disposal outside of wet-weather and emergency back-up for the utility's deep well. | |

| Detailed Scope of Work (up to 6 paragraphs - what work will be constructed during the funding period) |
|---|
| TIP: Hold Alt and hit Enter to start a new paragraph. |

Continue to scroll down.

TIP: Hold Alt and hit Enter to start a new paragraph.

4 Phase 2 construction includes installation of approximately 12,000 linear feet of 24-inch diameter transmission main or distribution pipeline along the route shown in Figure 2.

This is a reclaimed water main distribution project only and minimizing impacts to other infrastructure is a priority; therefore, directional drilling is preferable where possible. In FY27 (Phase 2a), approximately 5,000 linear feet of PVC/HDPE pipeline will be installed along Main Street to serve the City Island Park and Sports Complex with potential for future expansion to Shade Tree Park. The next segment of pipeline (Phase 2b) will continue along Main Street. This segment of pipeline is approximately 7,000 linear feet of PVC/HDPE main to connect to the pump station at Main Street and Colonial Avenue. All pipes for reclaimed water mains shall have flexible gasketed joints, be colored purple (Pantone 512 or 522C), and meet all the statutory requirements of Chapter 62-610.100, Florida Administrative Code (F.A.C.). The construction and installation of the reclaimed water main will be within City-owned property and easements.

**Table 1. – Project Breakdown**

| | FY27 | FY28 | FY29 | FY30 | FY31 and Beyond | Project Totals |
|---|---|---|---|---|---|---|
| **Project Phase (e.g., Phase 1, 2, 3, etc.)** | Phase 2a | Phase 2b | Phase 3 | Phase 3 (cont) | N/A | **Not applicable** |
| **Major Deliverables (brief description)** | Install 5,000 LF of 24-inch pipe | Install 7,000 LF of 24-inch pipe | Install 4,500 LF of 8-inch pipe | Install 3,000 LF of 8-inch pipe | N/A | **Not applicable** |
| 5 **Construction Cost ($)** | $1,500,000 | $2,000,000 | $1,250,000 | $1,000,000 | N/A | **$5,750,000** |
| **Planning/Design/Engineering/Other Costs ($)** | $200,000 | $250,000 | $150,000 | $100,000 | N/A | **$700,000** |
| **Total Cost ($)** | $1,700,000 | $2,250,000 | $1,400,000 | $1,100,000 | N/A | **$6,450,000** |
| **Capacity Water Made Available (mgd)**[1] | 0.00 | 2.00 | 0.00 | 1.00 | N/A | **3.00** |

[1] Include capacity water made available only in the year the phase or project becomes operational.

| | | |
|---|---|---|
| 6 | **Confirm the fiscal years over which this project has/will span.** | FY27 to FY30 |
| 7 | **Confirm the TOTAL number of years to complete this project.** | 4 |

Continue to scroll down.

**Table 2. – Deliverables Schedule**
**(See Examples of Deliverables descriptions BELOW this table.)**

| Task No.[1] | Deliverable(s) (List major tasks to be completed. Add lines as needed.) | Expected Start Date | Expected Completion Date | Construction Cost ($) |
|---|---|---|---|---|
| 8 1 | Phase 2a - Construct approximately 5,000 linear feet of 24-inch diameter pipeline along Main Street to City Island Park and Sports Complex, including all valves, fittings, piping appurtenances, and restoration | 12/1/2026 | 11/30/2027 | $1,500,000 |
| 2 | Phase 2b - Construct approximately 7,000 linear feet of 24-inch diameter pipeline along Main Street and connect with pump station at Main Street and Colonial Avenue, including all valves, fittings, piping appurtenances, and restoration | 1/31/2027 | 8/31/2028 | $2,000,000 |
| | | | **Total**[2] | **$3,500,000** |

[1] Applicant will be required to submit final vendor bid and/or contract documents and quarterly status reports, if awarded funding.

[2] Total 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.

**Table 2. – Deliverables Examples**

| Task No.[1] | Deliverable(s) (List major tasks to be completed. Add lines as needed.) | Expected Start Date | Expected Completion Date | Construction Cost ($) |
|---|---|---|---|---|
| **Correct:** | Construct Floridan Well F-3, 16-inch diameter to approximately 950 feet below land surface. | 7/15/2027 | 1/31/2028 | $3,000,000 |
| **Incorrect:** | Floridan well construction | 2027 | 2028 | $3,000,000 |
| **Correct:** | Construct approximately 1,300 linear feet of 20-inch reclaimed water main from I-drive to SR-80. | 2/2/2027 | 6/30/2028 | $1,500,000 |
| **Incorrect:** | Install reuse mains | 2027 | 2028 | $1,500,000 |

**Continue on to the Project Benefits Tab.**

TIP: Hold Alt and hit Enter to start a new paragraph.

## Regional Benefits

Is the project going to be implemented by a multijurisdictional water supply entity or regional water supply authority?

1 | Yes/No | No

If yes, please provide the name of the entity(ies).

2 | N/A

## Resource Benefits

What is/are the traditional water supply resource(s) in the area? This is typically a freshwater source, such as the Sandstone aquifer (in the Lower West Coast), surficial aquifer system, Biscayne aquifer, or the Upper Floridan aquifer.

3 | The surficial aquifer and the Lower Tamiami aquifer.

Are any of these sources considered constrained?

4 | Both the surficial aquifer and the Lower Tamiami aquifer are constrained in this part of the country.

What is/are the applicant's permitted water supply resource(s) (e.g., Biscayne aquifer, Floridan aquifer system, surficial aquifer system, Sandstone aquifer, Upper Floridan aquifer, Lower Floridan aquifer)?

5 | The surficial aquifer and the Lower Tamiami aquifer.

What is/are the resource(s) affected by this project (e.g., reclaimed water, an aquifer storage and recovery system, Lower Floridan aquifer, other nontraditional aquifer)?

6 | Lower Floridan aquifer and, while not a drinking water resource, the nearshore Atlantic Ocean will benefit from this project.

Does the project contribute to AWS development in areas where traditional water supply sources are constrained (e.g., restricted allocation areas)?

7 | Yes/No/Unknown | Yes

## Benefits Waterbody with an Adopted Minimum Flow or Minimum Water Level (MFL)

Does this project support an MFL, water reservation, and/or restricted allocation area?

8 | Yes/No/Unknown | Yes

If applicable, list the MFL, water reservation, and/or restricted allocation area this project supports, if known.

9 | The regional water availability rule and the Everglades MFL; Ocean Outfall Legislation.

Does the project reduce dependence on traditional resources? If so, please describe.

10 | Yes/No | Yes

11 | Increasing the utility's reclaimed water distribution network will allow additional users to stop using domestic wells for irrigation.

**For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.**

TIP: Hold Alt and hit Enter to start a new paragraph.

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Continue to scroll down.

| | Other Environmental Benefits | | |
|---|---|---|---|
| | In addition to water supply benefits, **does the project provide complementary benefits** such as water conservation, flood protection, resiliency, drought conditions, saltwater intrusion, sea level rise, green infrastructure, and/or recreational benefits? If so, please explain. | | |
| 12 | Yes/No | Yes | |
| 13 | The nearshore ecosystem will benefit from this project as it will no longer receive treated effluent as a primary means of disposal from this utility. | | |
| | In addition to water supply benefits, does the project provide any **water quality benefits**? If yes, explain below. | | |
| 14 | Yes/No | Yes | |
| 15 | The water quality of the nearshore ecosystem of the Atlantic Ocean will benefit from no longer receiving treated effluent as a primary means of disposal from this utility. | | |
| | Are you able to **quantify the total phosphorus (TP) or total nitrogen (TN) reductions** in pounds per year (lb/yr) or removal efficiencies? Provide your calculations. | | |
| 16 | Yes/No | No | |
| 17 | TP reduction (lb/yr) | | |
| 18 | TN reduction (lb/yr) | | |
| 19 | N/A | | |

**For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.**

**Continue to scroll down.**

**TIP: Hold Alt and hit Enter to start a new paragraph.**

## Ocean Outfalls

Does the project implement reuse which assists in the elimination of domestic wastewater **ocean outfalls**, as provided in Section 403.086(10), F.S.? **If yes, answer the follow-up questions below, otherwise, proceed to the next tab.**

20 | Yes/No | Yes

Is your utility/local municipality directly responsible for meeting reclaimed water requirements under the Ocean Outfall Legislation (OOL)?

21 | Yes/No N/A | Yes

Is your utility/local municipality part of a local agreement or partnership with another utility/local municipality that must meet reclaimed water requirements under the OOL?

22 | Yes/No N/A | No

Select the facility that is part of this project which is directly responsible for meeting reclaimed water requirements under the OOL from this dropdown menu below.

23 | Facility Name | City of Springfield

Explain how your utility/facility is affected by the OOL.

24 | City of Springfield Utilities uses deep injection well and an ocean outfall for disposal of its treated effluent and will provide a minimum of 60% of the facility's actual flow for acceptable reuse purposes.

Explain how this project assists in the elimination of domestic wastewater ocean outfalls.

25 | This project will allow the delivery of reclaimed water to additional customers bringing the city into complaince with the mandate to eliminate ocean discharges by 2026.

Is the utility/local municipality associated with this project and affected by the OOL in full compliance with its reclaimed water requirements under the OOL.

26 | Yes/No N/A | No

If the utility/local municipality associated with this project and affected by the OOL is not in full compliance with its reclaimed water requirements under the OOL, explain the deficiency. Discuss/explain if a waiver or other agreement has been granted by the Florida Department of Environmental Protection which delays the deadline for reuse implementation and/or changes the amount of reuse required to satisfy the mandated OOL requirements.

27 | The City was given a 9-month extension to meet the reuse mandate of the OOL. This project will be completed before the end of the 9-month grace period.

Pursuant to Section 373.707(9)(a-d), F.S., **is reclaimed water metered for all users**?

28 | Yes/No N/A | Yes

Does the utility have a **rate structure based on actual use of reclaimed water**? If no, **what is the basis for charged rates**?

29 | Yes/No N/A | Yes | If no:

Does the utility have **education programs** in place to inform the public about water issues, **water conservation**, and the importance and **proper use of reclaimed water?** If yes, provide a link.

30 | Yes/No N/A | Yes | **Link>>** | http://www.springfieldutilitiesfl.org/education

**Continue on to the Project Readiness & Permitting Tab.**

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

| | | | |
|---|---|---|---|
| | Have the project design and bid drawings been completed? | | |
| 1 | Yes/No | Yes | |
| 2 | If yes, date: | 10/1/2025 | |
| 3 | If no, anticipated date: | N/A | |

| | | | |
|---|---|---|---|
| | Has the contractor been selected? | | |
| 4 | Yes/No | Yes | |
| 5 | If no, anticipated date: | N/A | |

| | | | |
|---|---|---|---|
| | Have all land purchases, agreements, rights-of-way, etc. been executed? | | |
| 6 | Yes/No | Yes | |
| | If no, explain below. | | |
| 7 | N/A | | |

| | | | |
|---|---|---|---|
| | Have all other necessary items to start construction been completed? | | |
| 8 | Yes/No | No | |
| | If no, explain below. | | |
| 9 | Construction contracts to be executed after bidding. | | |

**In Table 3, list all relevant permits required to start or continue construction.**

**Table 3. – Permits**

| | Agency | Permit No. | Permit Type (Water/Wastewater, Environmental Resource Permit, Consumptive Use Permit, Building) | Permit Obtained? Indicate with an "X" | | Permit Date (expected date if not obtained yet) |
|---|---|---|---|---|---|---|
| | | | | Yes | No | |
| 10 | City of Springfield | TBD | RWM | | X | 8/2026 |
| | Palm Beach County | TBD | Right-of-way | | X | 10/2026 |
| | FDOT | TBD | Right-of-way | | X | 10/202 |
| | | | | | | |
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For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.

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Continue on to the Cost-Effectiveness Tab.

**Cost-Effectiveness Calculator**

**The District's AWS CFP Cost-Effectiveness Calculator is meant to provide a uniform metric across all projects to describe the quantity of water supplied by the project compared to its construction cost. If you need assistance, contact Stacey Payseno at spayseno@sfwmd.gov or 561-682-2577.**

The table below is populated automatically based on the Applicant's entries on previous tabs.

| Entity Name | Project Name | Total Water Created by this Project (mgd) | Will this Phase Create Additional Capacity? (Yes/No) | Total Water Created per Day for THIS Phase (mgd) | Full Project Completion Years | Phase Capital Cost | Cost Effectiveness ($/kgal) |
|---|---|---|---|---|---|---|---|
| City of Springfield Utilities | Reclaimed Water System Extension – Phase 2 | 3.00 | Yes | 2.00 | 4 | $3,500,000 | $0.40 |

All projects will be considered to have a 30-year service life and a discount rate of 7.25%.

If your calculator shows an error, go back to the **Project Header Sheet** to the three questions shown below. Be sure you have entered numbers in **questions 32 and 34** (rows 51 and 53).

| | |
|---|---|
| Phase Capacity (mgd) (within 1-2 years) | 2.00 |
| Confirm: Will THIS PHASE of the project create additional capacity? Yes/No | Yes |
| Total Capacity (mgd) (upon full project completion) | 5.00 |

**Continue on to the Ancillary Questions Tab.**

## Miscellaneous Questions

In the table below, list the reclaimed water users who will connect to the proposed reclaimed water project, if applicable.

| | Name | User Demand (mgd) | Is an agreement executed (Y/N)? | Estimated connection date |
|---|---|---|---|---|
| 1 | Residential area of Springfield north of rail line | 1.70 | Y | 1/27 |
| | Springfield Municipal Golf Course | 0.50 | Y | 3/27 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

For each tab, any and all cells this color require an input. If a question does not apply to your project, enter N/A. Do not leave any cells this color blank.

**ATTENTION ALL APPLICANTS:**

The following should be provided in electronic format, such as shape files or AutoCAD® to aws-reusecoordinator@sfwmd.gov.

DO NOT upload these files with your application.

Please Note:
- Files should be editable.
- Indicate if each file has been provided.
- If it has not been submitted with this application, indicate the date by which it will be submitted.

| | File | Submitted? Yes/No | Anticipated submission date (if not submitted with this application) |
|---|---|---|---|
| 2 | Existing and future wastewater AND potable service area boundaries. | Yes | |
| 3 | Existing and proposed reclaimed water distribution lines and distribution areas, if applicable. | Yes | |
| 4 | Existing and proposed reclaimed water end users, if applicable. | Yes | |
| 5 | Existence and extent of any Mandatory Reuse Zones within the service area (include ordinance number), if applicable. | Yes | |

DO NOT upload these files with your application.

These files should be provided in electronic format, such as shape files or AutoCAD® to aws-reusecoordinator@sfwmd.gov.

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Continue to scroll down.

**Ancillary Questions (Required)**

| | | | |
|---|---|---|---|
| | **This section includes additional information requested by the FDEP.** | | |
| 6 | Is this project a continuation of an existing agreement with the FDEP or SFWMD? | | |
| 7 | If yes, provide the FDEP or SFWMD Agreement Number: | Yes/No: No | N/A |
| | Project delivery method: | | |
| 8 | Indicate whichever best applies: Design-Bid-Build / Design-Build / Construction Management At-Risk / Progressive Design-Build / Other | | Design-Build |
| | Is the project geographically located within an FDEP-approved Restoration Plan (i.e., Basin Management Action Plan or Reasonable Assurance Plan) area? | | |
| | The link below can be used as an interactive map to identify the BMAP status for the project: | | |
| 9 | https://floridadep.gov/dear/water-quality-restoration/content/impaired-waters-tmdls-and-basin-management-action-plans | | |
| | Yes/No: No | | |
| 10 | If yes, what is the name of the Restoration Plan: Enter text below. | | |
| | N/A | | |
| | If the project is geographically located within a Restoration Plan area, will the project be identified with a project number on the Statewide Annual Report? The following link is for the Statewide Annual Report: | | |
| 11 | https://floridadep.gov/dear/water-quality-restoration/content/statewide-annual-report | | |
| 12 | Yes/No: No | If yes: Project Number: | N/A |
| | | Unique ID: | N/A |
| 13 | **Project Background Questions** | | |
| 14 | What is the water-related issue? | State statutes require ocean outfall facilities to install a functioning reclaimed water reuse system by no later than December 31, 2025, which provides a minimum of 60% of the facility's treatment flow for acceptable reuse purposes. | |
| 15 | Why is the water-related issue a problem? | Without this project, the City may not achieve the statutory requirement of achieving 60% of facility flow to be reused. | |
| 16 | How will this project provide a solution to the problem? | This project will enable the City to expand its reuse distribution capacity by 2.0 mgd. | |
| 16 | What water-related benefits will result from the completion of this project? | Water-related benefits of this project include increased distribution capacity of its reuse system by 2.0 mgd and reduced demands on both the surficial aquifer and on the City's potable water system | |
| 17 | Will this project result in a fully completed (operational) project? Yes / No | Yes | |
| 18 | Will a Florida Licensed Professional Engineer be able to certify work completed? Yes / No N/A | Yes | |
| | Will a Florida Licensed Professional Geologist be able to certify work completed? Yes / No N/A | No | |

Continue to scroll down.

Continue to scroll down.

TIP: Hold Alt and hit Enter to start a new paragraph.

**Congratulations! You have reached the end of the FY27 AWS Cooperative Funding Program Application.**
**All submittals must be uploaded at https://www.sfwmd.gov/doing-business-with-us/coop-funding by February 26, 2026, at 4:00 PM. Please refer to the example applications located on the website for help in completing your application.**

**Applications must be submitted in MS Excel format, NOT pdf.**