

# Alternative Water Supply Grant Proposal

**Contact the** [**Office of Water Policy and Ecosystems Restoration**](https://floridadep.gov/owper) **for assistance with completing proposal questions. Phone: 850-245-3196, Email:** [**Jennifer.G.Adams@FloridaDEP.gov**](mailto:Connie.L.Becker@FloridaDEP.gov)

**All project proposals must be submitted online via the** [**Protecting Florida Together Grants Portal**](https://protectingfloridatogether.gov/state-action/grants-submissions/general-grant-funding)**. Email submissions will not be accepted.**

## Eligibility

By choosing YES below I affirm this project is a conservation, reuse, or other water supply and water resource development project.

**Yes**

|  |  |
| --- | --- |
| **Entity / Sponsor Name:** |  |
| **Name of Applicant:** |  |
| **Email of Applicant:** |  |

## General Project Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | |  | | | | | |
| **Project Type (Check one):** | | | Reclaimed Water (for potable offset)  Reclaimed Water (for groundwater recharge)  Brackish Groundwater  Surface Water  Surface Water Storage  Aquifer Storage and Recovery  Stormwater  Desalination  Groundwater Recharge (not including ASR or reclaimed water)  Data Collection and Evaluation  Other Non-Traditional Source | | | | | |
| **Project Sub-Type (Check all that apply):** | | | Construction  Feasibility Study  Conservation Program | | | Agriculture Cost-Share Program  Other | | |
| **Project Funding Status:** | | | New project that was not previously funded with State or Federal funds through the Department or Water Management District  Phase of proposed project (or existing/ongoing project) previously funded through the Department or Water Management Districts  If any phase of project previously funded with State or Federal funds through the Department or Water Management District (WMD), provide project name, funding amount (grant and match, if applicable), and DEP or WMD Agreement No.(s): | | | | | |
| **Water Management District:** | | | Northwest Florida Water Management District  Suwannee River Water Management District  St. Johns River Water Management District  Southwest Florida Water Management District  South Florida Water Management District | | | | | |
| **Street Address:** | |  | | | | | | |
| **City:** |  | | | **County:** |  | | **Zip Code:** |  |

## Project Location Information:

*In the portal, this screen includes a map where the applicant is required to select the project location. For the purpose of preparing for the portal entry, you may pre-fill the project location as the latitude and longitude below:*

|  |  |
| --- | --- |
| **Project Location Latitude:** |  |
| **Project Location Longitude:** |  |

## **Project Background Information**

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| **Describe how the Entity/Sponsor has determined the need for this project. This may be any local governing body requirements; legislative requirements; constraints identified in a Regional Water Supply Plan; requirements associated with a recovery or prevention strategy for a minimum flow or minimum water level; comprehensive planning document; and/or utility operations and maintenance plans.** |
| **Will this project assist the project sponsor in complying with any of the following statutory deadlines?** (Check all that apply)  SB 64 (2021) to eliminate surface water discharges by Jan. 1, 2032, where applicable (s. 403.064(17), F.S.)  SB 1379 (2023) to meet AWT by Jan. 1, 2033, where applicable (s. 403.086(1)(c)3, F.S.)  HB 1557 (2024) to meet AWT for reuse irrigation or land application by July 1, 2034, where applicable (s. 403.086(1)(c)3, F.S.)  **If any of the above are selected, describe how the project assists the sponsor in complying with each of the above selected statutory deadlines:** |
| **Have you applied for funding consideration through your local Water Management District cooperative funding process for this project?**  Yes No  **If no, please explain:** |
| **(If “Yes” to above) Did you receive favorable opinion of project validity and benefits from your local Water Management District?**  Yes No  **If no, please explain:** |

## Applicant Information

### **Entity/Sponsor’s Project Manager:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | |
| **Position Title:** | | |  | | | | | |
| **Street Address:** | | |  | | | | | |
| **City:** |  | | | **State:** |  | | **Zip Code:** |  |
| **Phone Number:** | | |  | | **Email:** |  | | |

## Funding Request Information

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| --- | --- | --- | --- |
| **Requested Funding Amount ($):** | |  | |
| **Local Entity Funding Commitment ($):** | |  | |
| **Water Management District Funding ($):** (Funds committed by a Water Management District for the specific project or project phase for which you are applying for funding) | |  | |
| **Total Cost ($):**  (Sum of proposed project funding request inclusive of any water management district and third party or local entity commitment amounts) | |  | |
| **Is this project a phase of or otherwise related to a larger project?**  Yes No | | | |
| **If yes:** | | | |
| **What is the name of the larger project?** |  | | |
| **What is the total cost projected for the entire project? ($)** |  | | |
| **What are the other funding sources for the total cost of this project?** (List all expected funding sources and amount required to complete the project.) |  | | |
| **Does the applicant have an Operations and Maintenance plan and expected funding identified that will be needed to operate and maintain this proposed project?** | | | Yes No |
| **Is the project expected to be located in or primarily benefit a financially disadvantaged community?** (e.g., Rural Economic Development Initiative, Rural Areas of Opportunity)  Yes No  **If yes, please name the community:** | | | |

## Project Timeline

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| --- | --- |
| **Anticipated Project Start Date:** |  |
| **Anticipated Project End Date:** |  |
| **Design Status:** | Project is 100% designed  Project is between 60% and 100% designed  Project is partially designed but less than 60%  Project is at the conceptual stage, design has not started  Design is not required for this project  If the project is less than 100% designed:  **Design Start Date:**  **Anticipated Design End Date:** |
| **Are permits required for this project?:** | Yes No |
| **Required Permit Types:**  (Check all applicable) | Federal (e.g., 401-Water Quality Certification, 404-Discharge of Dredge and Fill, 408-Use or Alteration of Civil Works)  State (e.g., Generic Permits for construction including dewatering and management of stormwater, Wastewater Treatment, others)  Local (e.g., Water Management District - Water Use, Water Management District/County-Well Installation, others) |
| **Permit Status:** | Project is fully permitted (100%)  Between 50% and 100% of the permits have been obtained  Less than 50% of the permits have been obtained  Permitted process has begun but no permits have been obtained  Permitting process has not started  If less than fully permitted:  **Permitting Start Date:**  **Anticipated Permitting End Date:** |
| **Is construction a phase being funded through this funding request?:**  Yes No  If yes:  **Construction Start Date:**  **Construction End Date:** | |

## Watershed Characteristics

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| --- | --- | --- | --- |
| **Provide the name of the waterbody(s) that this project benefits:** |  | | |
| **Water Management District Regional Water Supply Planning Area supported by this project** (select one)**:**  **See** [**map**](https://geodata.dep.state.fl.us/datasets/7b419b60129b4b47aa5a0d2a7736283c_0/explore)**.** | NWF Region I  NWF Region III  NWF Region V  NWF Region VII  SF CFWI (Upper Kissimmee Basin)  SF Lower East Coast  SF Lower West Coast  SJR Central Springs East Coast  SJR NFRWSP  SR Western  SR NFRWSP  SWF CFWI-1 (including portion of Northern)  SWF Northern (excluding CFWI)  SWF Southern | | NWF Region II  NWF Region IV  NWF Region VI  NWF District-wide  SF Lower Kissimmee Basin  SF Upper East Coast  SF Districtwide  SJR CFWI  SJR District-wide  SR District-wide  SWF Tampa Bay  SWF CFWI-2 (including portion of Heartland)  SWF Heartland (excluding CFWI)  SWF District-wide |
| **MFL Recovery or Prevention Strategy associated with the waterbody benefitted** (select one)**:** | Recovery Strategy for Lakes Brooklyn and Geneva Minimum Levels  Lake Butler Prevention Strategy  Comprehensive Everglades Restoration Plan (CERP)  Hillsborough River Recovery Strategy  Lower Santa Fe and Ichetucknee River (LSFIR) Recovery Strategy  Silver Springs Prevention Strategy  Southern Water Use Caution Area (SWUCA) Recovery Strategy  Volusia Strategy  Not Applicable | | |
| **Does this project fall within a BMAP?:**  Yes No  If yes, **BMAP Name** (select one)**:** | | | |
| Upper Wakulla River and Wakulla Spring Basin  Middle and Lower Suwannee River Basin  Santa Fe River Basin  Hillsborough River Basin  Manatee River Basin  Jackson Blue Spring Basin  Kings Bay and Crystal River Springs Basin  Weeki Wachee Spring and River Basin  Volusia Blue Springs Basin  Chassahowitzka-Homosassa Springs Basin  Silver River and Springs Basin  Caloosahatchee River and Estuary Basin  Lower St. Johns River Main Stem Basin  Rainbow River and Springs Basin  Orange Creek Basin  St. Lucie River and Estuary Basin  Central Indian River Lagoon Basin  Banana River Lagoon Basin | | Alafia River Basin  Lake Harney, Lake Monroe, Middle St. Johns River, and Smith Canal Basin  Long Branch Basin  North Indian River Lagoon Basin  DeLeon Spring Basin  Gemini Springs Basin  Wacissa River and Wacissa Spring Group Basin  Upper Ocklawaha River Basin  Lower St. Johns River Tributaries I and II Basin  Everglades West Coast Basin  Lake Okeechobee Basin  Wekiva River, Rock Springs Run, and Little Wekiva Canal Basin  Lake Jesup Basin  Wekiwa Spring and Rock Springs Basin  Bayou Chico Pensacola Basin | |

## Project Description

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| **Provide a short summary describing the project that will be funded with the amount requested:** |
| **Describe how the project is expected to provide additional water to be made available for consumptive uses or to the natural system. (**To explain how the project will include additional water for consumptive uses, the description must include the project type and proposed use (e.g., reclaimed water project for residential irrigation; groundwater recharge for the City’s public supply offset) and may include a description of how the project benefits overall water supplies or natural system protection.) |

## Anticipated Project Benefits

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| --- | --- |
| **Quantity of water made available within 2 years of construction completion (or programmatic implementation for phase identified (MGD)):** |  |
| **Quantity of water made available when the project is completely built out and fully online (MGD):** |  |
| **Distribution/transmission capacity created (MGD):** |  |
| **Storage capacity created (MG):** |  |

## Ancillary Benefits

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| --- | --- | --- |
| **Total Phosphorus (TP) Reduced (lbs/yr):** | |  |
| **Total Nitrogen (TN) Reduced (lbs/yr):** |  | |
| **Provide any other relevant information about the project benefits that have not been addressed in the previous questions:** | | |

## Certify and Submit

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| --- | --- | --- | --- |
| **Authorized Representative:** |  | **Date:** |  |
| **Do you have any feedback on the grant application process that you would like to provide?**  Yes No  If yes, please provide feedback below: | | | |