

# **Nonpoint Source Management Program Project Proposal**

**Contact the** [**Nonpoint Source Management Program Grant Coordinator**](https://floridadep.gov/wra/319-tmdl-fund/content/nonpoint-source-management-program-contacts) **for assistance with completing proposal questions. Phone: 850-245-2945, Email:** [**nonpointsource@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.**

**If you would like to submit any supplemental documents, please email them to** [**nonpointsource@FloridaDEP.gov**](mailto:Connie.L.Becker@FloridaDEP.gov) **with the Project Name in the subject line.**

**Contact Information**

1. Contact Name Click or tap here to enter text.
2. Address Click or tap here to enter text.
3. City Click or tap here to enter text.
4. State Click or tap here to enter text.
5. Zip Click or tap here to enter text.
6. Phone Click or tap here to enter text.
7. Email Click or tap here to enter text.
8. Entity/Sponsor Name Click or tap here to enter text.

**Project Type**

**9. Project Type:** Select One

**a.** Check box Demonstration of Agricultural Best Management Practices

b. Check box Public Education/Outreach (may include a research component)

c. Check box Research/Study

Research or studies without an education component are not eligible for Nonpoint Source funding, but other funding sources may be available.  Please fill out [this form](https://protectingfloridatogether.gov/state-action/grants-submissions/general-grant-funding)to submit general information about your research/study project.

d. Check box Hydrologic Restoration

e. Check box Onsite Sewage Treatment and Disposal Systems (OSTDS)

f. Check boxStormwater Treatment (Water Quality Improvement)

g. Check boxWater Quality Monitoring (of installed nonpoint source best management practices)

h. Check box Stormwater Management (Conveyance/Flood Control)

**10. Project Subtype:**Check all that apply:

a. Checkbox BMP Treatment Train

b. Checkbox Directly Impacting Coastal Waters

c. Check box Education – Florida Friendly LandscapingTM (FFL)

d. Check box Education – Low Impact Development/Green Infrastructure (LID/GSI)

e. Check box Education – Nonpoint Source Pollution

f. Check box Education – OSTDS

g. Check box Education – Waterfront Property Owners

h. Checkbox Indirectly Impacting Coastal Waters

i. Checkbox LID/GSI

j. Check box OSTDS Septic Tank Abandonment

k. Check box OSTDS Connecting Property Owners to Sewer, not including main line installation

l. Check box Protection of Unimpaired Water(s)

m. Check box Protection of Groundwater

n. Checkbox Urban Stormwater Runoff

o. Checkbox Not Applicable

p. Checkbox Other: Click or tap here to enter text.

**Project Overview**

1. **Project Name:** Click or tap here to enter text.
2. **Project Background:** Why is this project necessary, and why is it a priority for funding?

Click or tap here to enter text.

1. **Short Project Description:** Describe in 500 words or less specifically what activities will take place with ONLY the grant and/or local/match commitment funding.

Click or tap here to enter text.

1. **Impacts on Water Quality and Nonpoint Source Pollution:** Describe how the project will help to restore and/or protect water quality and/or address nonpoint source pollution.

Click or tap here to enter text.

**Project Funding**

1. **Requested Grant Funding Amount for work/activities requested under this project proposal only:** $ Click or tap here to enter text.
2. **Local/Match Commitment Amount for work/activities requested under this project proposal only:** $Click or tap here to enter text.
3. **Large or Phased Projects:** Does the total of amount requested plus the local/match commitment amount for work/activities under this project proposal equal the total cost of the entire project?

Check box Yes

Check box No

1. If part of larger or phased project, what is the total cost of the entire project (including any work/activities needed for the larger/all phases of project to complete): $Click or tap here to enter text.
2. List or describe all other funding sources, amounts needed to complete the entire project, and an estimated start and end date (or number of months estimated) for the entire project phases. Click or tap here to enter text.
3. **Existing DEP Funding Status:**
4. Check box New project - no previous awarded or pending DEP funding
5. Check box Previous awarded or pending DEP funding
6. add the following information as applicable: project name, grant and match amounts, DEP Agreement No., project start and end dates: Click or tap here to enter text.

**Project Location**

1. **Project Address or nearest cross street:** Click or tap here to enter text.
2. **Latitude (decimal degrees):** Click or tap here to enter text.
3. **Longitude (decimal degrees):** Click or tap here to enter text.
4. **Does the Project cover multiple locations/regional/statewide?**
   1. Check box No
   2. Check box Yes
5. **Describe the extent of the project.**Click or tap here to enter text.

**Waterbody Characteristics**

1. **Does the project address water that discharges directly into an impaired waterbody?**

*Note: For the purposes of implementing TMDLs, waterbodies are typically divided into segments identified by waterbody identification (WBID) numbers. Verified impairments are associated with the WBIDs, not the entire waterbody. Use* [*this link*](https://fdep.maps.arcgis.com/home/webmap/viewer.html?webmap=1b4f1bf4c9c3481fb2864a415fbeca77) *to find your WBID number.*

* 1. Check box No
     1. Describe how the project will protect or improve the unimpaired waterbody, or how the project will contribute to reducing pollutants to the targeted waterbody.Click or tap here to enter text.

1. Check box Yes
2. Name of Impaired Waterbody Affected: Click or tap here to enter text.
3. Waterbody ID of Impaired Waterbody Affected (WBID): Click or tap here to enter text.
4. 303(d) listed impairments for this WBID: Click or tap here to enter text.
5. Impairments to be Addressed by the Project: Click or tap here to enter text.

**Load Reduction Benefits**

1. Can load reduction benefits be calculated for this project?
   1. Check box No
   2. Check box Yes
      * 1. Enter the project benefits in numeric form ONLY for requested grant-funded activities (including any eligible match activities). If there is no benefit, the benefit is not known or the benefit is not calculable, enter "0." If benefits are other than those listed below, be sure to describe them in the short description.
      1. Total Nitrogen (TN) reductions (lbs/year): Click or tap here to enter text.
      2. Total Nitrogen reductions (% reduced): Click or tap here to enter text.
      3. Total Phosphorus (TP) reductions (lbs/year): Click or tap here to enter text.
      4. Total Phosphorus reductions (% reduced): Click or tap here to enter text.
      5. Total Suspended Solids (TSS) reductions (lbs/year): Click or tap here to enter text.
      6. Total Suspended Solids reductions (% reduced): Click or tap here to enter text.
      7. Total Fecal Indicator Bacteria reductions (lbs/year): Click or tap here to enter text.
      8. Total Fecal Indicator Bacteria reductions (% reduced): Click or tap here to enter text.
      9. Did you calculate these benefits using a model or tool? See the [Methods for Calculating Project Reductions Website](https://floridadep.gov/dear/water-quality-restoration/content/methods-calculating-project-reductions) for guidance. Select one.
         * 1. Check box No
2. Describe how you came up with these benefits without using a model or tool**.**Click or tap here to enter text.
   * + - 1. Check box Yes
       1. Name of model or tool: Click or tap here to enter text.

**Restoration Planning**

1. **Is this project located within a basin management action plan (BMAP) area or a reasonable assurance plan area adopted by final order (RAP)?** [View Map of BMAPs](https://fdep.maps.arcgis.com/apps/mapviewer/index.html?layers=fcecce7a4fa44709b75408b58106b224). [View Map of RAPs](https://fdep.maps.arcgis.com/apps/mapviewer/index.html?layers=6c56d693eb9c4cb1ac19fc063698d687). Note: DO = Dissolved Oxygen; FIB = Fecal Indicator Bacteria; TN = Total Nitrogen; TP = Total Phosphorus; NO3 = Nitrate; OPO4 = Orthophosphate; BOD = Biological Oxygen Demand; Nutrients = TN, TP, Chlorophyll-a
2. Check box No
3. Check box Yes
   * 1. What BMAP or RAP area is the project located in? Select all that apply

|  |
| --- |
| 1. Check box BMAP - Alafia River Basin - FIB/TN/TP/DO |
| 1. Check box BMAP - Banana River Lagoon - TN/TP |
| 1. Check box BMAP - Bayou Chico (Pensacola Basin) - FIB |
| 1. Check box BMAP - Caloosahatchee River and Estuary Basin - TN/TP |
| 1. Check box BMAP - Central Indian River Lagoon - TN/TP |
| 1. Check box BMAP - Chassahowitzka-Homosassa Springs - NO3 |
| 1. Check box BMAP - DeLeon Spring - NO3 |
| 1. Check box BMAP - Everglades West Coast Basin - TN/DO |
| 1. Check box BMAP - Gemini Springs - NO3 |
| 1. Check box BMAP - Hillsborough River Basin - FIB |
| 1. Check box BMAP - Jackson Blue Spring and Merritts Mill Pond Basin - NO3 |
| 1. Check box BMAP - Kings Bay and Crystal River Springs - TN/TP/NO3/OPO4 |
| 1. Check box BMAP - Lake Harney, Lake Monroe, Middle St. Johns River and Smith Canal - TN/TP |
| 1. Check box BMAP - Lake Jesup Basin - TP/TN |
| 1. Check box BMAP - Lake Okeechobee - TP |
| 1. Check box BMAP - Long Branch - FIB/DO |
| 1. Check box BMAP - Lower St. Johns River Basin Main Stem - TN/TP |
| 1. Check box BMAP - Lower St. Johns River Basin Tributaries I and II - FIB |
| 1. Check box BMAP - Manatee River Basin - FIB/TN/TP/DO |
| 1. Check box BMAP - Middle and Lower Suwannee River Basin - TN |
| 1. Check box BMAP - Northern Indian River Lagoon - TN/TP |
| 1. Check box BMAP - Orange Creek - TN/TP/FIB |
| 1. Check box BMAP - Rainbow River and Springs - NO3 |
| 1. Check box BMAP - Santa Fe River Basin - TN/TP/BOD |
| 1. Check box BMAP - Silver River and Springs - NO3 |
| 1. Check box BMAP - St. Lucie River and Estuary Basin - TN/TP/BOD |
| 1. Check box BMAP - Upper Ocklawaha River Basin - TP |
| 1. Check box BMAP - Upper Wakulla River and Wakulla Spring - NO3 |
| 1. Check box BMAP - Volusia Blue Springshed - NO3 |
| 1. Check box BMAP - Wacissa River and Wacissa Spring Group - TN/NO3 |
| 1. Check box BMAP - Weeki Wachee Spring and River - NO3 |
| 1. Check box BMAP - Wekiva River, Rock Springs Run, and Little Wekiva Canal - NO3/TP/DO |
| 1. Check box BMAP - Wekiwa Spring and Rock Springs - NO3/TP |
| 1. Check box RAP 4b - Florida Keys - Nutrients/DO |
| 1. Check box RAP 4b - Lake Seminole Watershed - Nutrients, pH |
| 1. Check box RAP 4b - Mosquito Lagoon - Nutrients |
| 1. Check box RAP 4b - Shell, Prairie and Joshua Creeks - Chloride Total Dissolved Solids Specific Conductance |
| 1. Check box RAP 4b - Tampa Bay Estuary - Nutrients |

* + 1. Does the project address the impairments targeted in the BMAP or RAP?
       - 1. Check box Yes
         2. Check box No
    2. Is the project identified in the [Statewide Annual Report (STAR)](https://floridadep.gov/dear/water-quality-restoration/content/statewide-annual-report)?
       - 1. Check box No
  1. Check box No, but intended to be incorporated in next BMAP Annual Update
  2. Check box Yes
     + - 1. Enter the project number and Project Title as it appears in the Statewide Annual Report. Click or tap here to enter text.
         2. Is the proposed grant project for the completion of the entire BMAP project listed above or a phase or portion thereof?

Check box Entire project

Check boxPhase or portion of a project

Please explain what phase this project will be, what phases have been completed, and what phases remain to be completed for this listed BMAP project. Do not include other phases that are separately included in the BMAP Statewide Annual Report. Click or tap here to enter text.

**General Information**

1. **Financially Disadvantaged Community?** Is the project expected to be located in or primarily benefit a financially disadvantaged community as defined in Section 288.0656, Florida Statutes? (see [Rural Economic Development Initiative](https://floridajobs.org/community-planning-and-development/rural-community-programs/rural-definition))
   1. Check box No
   2. Check box Yes
      1. Identify the community: Click or tap here to enter text.
2. **MS4 Permit:** Is the project geographically located within municipal separate storm sewer systems (MS4) permitted area or overlaps an MS4-permitted area due to the scope of the project (e.g., a watershed-wide or regional educational effort)?

[Learn more about Phase I and Phase II MS4 permits](https://floridadep.gov/water/stormwater/content/municipal-separate-storm-sewer-systems-ms4)

* 1. Check box No
  2. Check box Yes
     1. Is any of the proposed grant or match work required by the terms of the National Pollutant Discharge Elimination System (NPDES) permit, implement a NPDES permit requirement(s) or serve to provide regulatory credit for meeting a performance requirement(s) in the permit?
        1. Check box No
        2. Check box Yes
           1. Describe. Click or tap here to enter text.

1. Are there any innovative technologies being used in the project? If so, provide details (e.g., links to information on technology or methodology, etc.) Click or tap here to enter text.

**PROJECT SPECIFIC INFORMATION**

**Questions are grouped based on Project Type selected, and only one set of questions for that Project Type are required.**

Complete questions under #31-47 for projects with the following Project Types: Hydrologic Restoration, Stormwater Treatment (Water Quality Improvement), Water Quality Monitoring (of installed nonpoint source best management practices), or Stormwater Management (Conveyance/Flood Control).

Complete questions under #48-77 for projects with the following Project Types: OSTDS/Septic to Sewer Connections.

Complete questions under #78-91 for projects with the following Project Types: Public Education/Outreach (may include a research component).

**Project Specific Questions for the following Project Types: Hydrologic Restoration, Stormwater Treatment (Water Quality Improvement), Water Quality Monitoring (of installed nonpoint source best management practices, or Stormwater Management (Conveyance/Flood Control).**

1. **Stormwater Runoff Conveyance to Project Site:** Is the stormwater runoff being directed to the project site for treatment by sheet flow or through urban or rural pipes/ditches? Select one.
2. Check box Agricultural runoff or Urban impervious runoff sheet flow
3. Check box Urban or Rural impervious runoff directed through an MS4 conveyance system or major pipe
4. Check box N/A – not a construction project
5. Check box Other/Combination
   * + 1. Describe: Click or tap here to enter text.
6. **Land Ownership Status for the Construction of Treatment Infrastructure:**
7. Check box Land is under a legal option to buy
8. Check box Land is under an easement that allows for construction and access
9. Check box N/A – not a construction project
10. Check box Land has been acquired
    * + 1. List the title owner: Click or tap here to enter text.
11. **Is any component of the project going to take place on State-owned land (including terrestrial and sovereign submerged land)?**
12. Check box No
13. Check box Yes
    * + 1. Describe. Click or tap here to enter text.
14. **Design Status and Estimated Completion Date:**
15. Check box Fully designed 100% or Design is not required for this project
16. Check box Project is between 60% and 90% designed
17. Check box Project is partially designed but less than 60%
18. Check box Project is at the conceptual stage; design has not started
19. Estimated completion end date of design: Click or tap to enter a date.
20. **Permit Status and Estimated Completion Date:**
21. Check box Fully permitted 100% or Permits are not required for this project
22. Check box Between 50% and 100% of permits obtained
23. Check box Less than 50% of permits obtained
24. Check box Permitting process has begun but not permits have been obtained
25. Check box Permitting process is at the conception stage
26. Estimated completion end date of permitting: Click or tap to enter a date.
27. **Project Readiness Status and Grant Work Start Date:** When do you expect for the preconstruction work to be completed so that grant-eligible items can start?

Note: Preconstruction activities such as design, permitting, bidding, and contractor selection may be used towards match but are not typically eligible as grant-funded items.

1. Check box Immediately after notice of funding award
2. Check box Within 6 months of notice of funding award
3. Check box Within 12 months of notice of funding award
4. Check box Cannot start until 12 months or more after notice of funding award
5. Estimated start date for grant-funded activities: Click or tap to enter a date.
6. **Project Length**.
7. Estimated number of months to complete project preparation (i.e., preconstruction activities, education campaign development): Click or tap to enter a date.
8. Estimated number of months to complete the grant funded activities (i.e., construction activities, education/research activities: Click or tap to enter a date.
9. **Build America, Buy America Requirements:**

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58 was signed into law, which includes the Build America, Buy America Act ("the Act"). The Act requires that none of the funds made available for a Federal financial assistance program for infrastructure may be obligated for a project unless all of the*iron, steel, manufactured products, and construction materials* used in the project are produced in the United States.

For many of EPA’s Office of Water infrastructure investment programs, the vast majority of products permanently incorporated into construction, maintenance, or repair projects must comply with the BABA requirements, with the exception of select construction materials (cement and cementitious materials; aggregates such as stone, sand, or gravel; or aggregate binding agents or additives), which are specifically excepted by the BABA statute.  [Learn more about the requirements of the Act](https://www.epa.gov/cwsrf/build-america-buy-america-baba).

If this project is selected for Federal CWA 319(h) funding and the project is approved by EPA to proceed, the grant and match funded work may be implicated to meet the requirements of the Act. Please verify that you agree that you will provide certification that construction materials will comply with the Act. Proof of such compliance will be required in the grant agreement following construction completion and prior to reimbursement.

Select one of the following:

Check box I agree

Check box I do NOT agree

Check box Not a construction project

Check box Project is requesting $250,000 or less in Federal funds

1. **Iron and Steel for Public Works Projects.**

If this Agreement funds a “public works project” as defined in section 255.0993, F.S., or the purchase of materials to be used in a public works project, any iron or steel permanently incorporated in the Project must be “produced in the United States,” as defined in section 255.0993, F.S. Please verify that you agree that you will provide certification that construction materials will comply with the Act. Proof of such compliance will be required in the grant agreement following construction completion and prior to reimbursement.

Select one of the following:

1. Check box I agree
2. Check box I do NOT agree
3. Check box This proposal is not defined as a “public works project”
4. **Stormwater Improvements:** Will there be any stormwater treatment and/or stormwater management components included in this project?
   1. Check box No
   2. Check box Yes
      * 1. What is the size of the drainage basin for the stormwater project, in acres?: Click or tap here to enter text.
        2. What is the size of the construction area, in acres? Click or tap here to enter text.
        3. Are you repairing, upgrading, expanding, or constructing? Describe briefly: Click or tap here to enter text.
        4. What is the estimated residence time of any ponds, swales, etc. applicable to this project? Click or tap here to enter text.
        5. Select all the stormwater project types that apply to this project:
   3. Check box Retention Pond
   4. Check box Wet Detention Pond
   5. Check box Exfiltration trench
   6. Check box Grassed Swales
   7. Check box Bioswales
   8. Check box Constructed or improved wetland
   9. Check box 2nd Generation Baffle boxes plus media filter
   10. Check box Biosorption activated media (BAM)
   11. Check box Shoreline stabilization
   12. Check box Living shoreline
   13. Check box Littoral zone planting
   14. Check box Rain garden/Bioretention cell
   15. Check box Green roof
   16. Check box Tree box filter
   17. Check box Rainwater Harvesting System (rain barrel or cistern)
   18. Check box Permeable pavement
   19. Check box Vegetated filter strip
   20. Check box Hydrologic restoration
   21. Check box Chemical or biological treatment (e.g., flocculent, filter media)
   22. Check box Hydrodynamic separator
   23. Check box Other: Click or tap here to enter text.
5. **Describe** **only the proposed grant funded and (where applicable) local funds and/or match commitment activities**:Provide enough detail so that the project evaluators will know exactly what is being constructed/implemented and how it will function. For treatment trains, include how the BMPs are connected and function as a train.

Click or tap here to enter text.

1. **Describe project details for work beyond the grant and match request (e.g., larger or phased project description), if applicable:** Click or tap here to enter text.
2. **Green Stormwater Infrastructure:** [Visit the Green Stormwater Infrastructure website to learn more](https://gsi.floridadep.gov/). Will there be any Green Stormwater Infrastructure components included in this project?
   1. Check box No
   2. Check box Yes
      * 1. Describe if the project will provide multiple uses and benefits by the LID components such as expected value added to community use, if there is support by the community for LID implementation, added safety, nutrient reductions, long-term cost savings, etc.

Click or tap here to enter text.

1. **Public Education/Outreach/Research:** Will there be any education or research components included in this project? Select one.
2. Check box No
3. Check box Yes
   1. Describe any education and outreach components of the project, including subject matter, estimated audience type and size, estimated number of trainings and/or workshops, and how you will encourage public participation in the project process. Click or tap here to enter text.
4. **Cost Effectiveness:** Describe how this project is cost effective for reducing pollutants contributing to water quality impairments and/or restoring water quality (e.g., estimated cost per pound removal of total nitrogen or total phosphorus).

Click or tap here to enter text.

1. **Project Effectiveness Evaluation:** Describe how the success of the project will be evaluated, such as water quality monitoring, surveys, etc. Provide sufficient detail to indicate which activities and BMPs will be monitored and how.

Click or tap here to enter text.

1. **Do you have any additional information that would be beneficial in evaluating the project?**
   1. Check box No
   2. Check box Yes
      1. Describe additional information: Click or tap here to enter text.

**Project Specific Questions for the following Project Types: OSTDS/Septic to Sewer Connections**

1. **Stormwater Runoff Conveyance to Project Site:** Is the stormwater runoff being directed to the project site for treatment by sheet flow or through urban or rural pipes/ditches? Select one.
2. Check box Agricultural runoff or Urban impervious runoff sheet flow
3. Check box Urban or Rural impervious runoff directed through an MS4 conveyance system or major pipe
4. Check box Other/Combination
   * 1. Describe: Click or tap here to enter text.
5. **Land Ownership Status for the Construction of Treatment Infrastructure:**
6. Check box Land is under a legal option to buy
7. Check box Land is under an easement that allows for construction and access
8. Check box Land has been acquired
   * 1. List the title owner: Click or tap here to enter text.
9. **Is any component of the project going to take place on State-owned land (including terrestrial and sovereign submerged land)?**
10. Check box No
11. Check box Yes
    * 1. If yes, describe. Click or tap here to enter text.
12. **Design Status and Estimated Completion Date:**
13. Check box Fully designed 100% or Design is not required for this project
14. Check box Project is between 60% and 90% designed
15. Check box Project is partially designed but less than 60%
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For many of EPA’s Office of Water infrastructure investment programs, the vast majority of products permanently incorporated into construction, maintenance, or repair projects must comply with the BABA requirements, with the exception of select construction materials (cement and cementitious materials; aggregates such as stone, sand, or gravel; or aggregate binding agents or additives), which are specifically excepted by the BABA statute.  [Learn more about the requirements of the Act](https://www.epa.gov/cwsrf/build-america-buy-america-baba).

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1. Check box I agree
2. Check box I do NOT agree
3. Check box Not a construction project
4. Check box Project is requesting $250,000 or less in Federal funds
5. **Iron and Steel for Public Works Projects.**

If this Agreement funds a “public works project” as defined in section 255.0993, F.S., or the purchase of materials to be used in a public works project, any iron or steel permanently incorporated in the Project must be “produced in the United States,” as defined in section 255.0993, F.S. Please verify that you agree that you will provide certification that construction materials will comply with the Act. Proof of such compliance will be required in the grant agreement following construction completion and prior to reimbursement.

1. Check box I agree
2. Check box I do NOT agree
3. Check box This proposal is not defined as a “public works project”
4. **Describe** **only the proposed grant funded and (where applicable) local funds and/or match commitment activities**:Provide enough detail so that the project evaluators will know exactly what is being constructed/implemented and how it will function. For treatment trains, include how the BMPs are connected and function as a train.

Click or tap here to enter text.

1. **If the project selected makes sewer connections available to properties currently served by onsite sewage treatment and disposal systems (OSTDS), please verify that you agree that you will provide notification of the availability of sewer and the requirement to connect within 365 days of the notification, per** [**s. 381.00655, F.S.**](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=sewer+connection&URL=0300-0399/0381/Sections/0381.00655.html) **Proof of such notice will be required in the grant agreement following construction completion and prior to reimbursement.** 
   * + 1. Check box I agree
       2. Check box I do not agree
2. **What is the facility ID for the receiving wastewater treatment facility?** Click or tap here to enter text.
3. **Does the receiving wastewater facility have *existing* capacity to accept the flow associated with this project?** 
   * 1. Check box Yes
     2. Check box No
        1. When will the capacity of the facility be expanded?
4. **What is the current level of buy-in or approval from neighborhood for sewer connections?** Click or tap here to enter text.
5. **Will the requested grant funding be used to subsidize the connections to central sewer?** 
   * 1. Check box Yes
     2. Check box No
6. **What other incentives are offered for hooking up to sewer, if any?** Click or tap here to enter text.
7. **Will connections be required?** 
   * 1. Check box Yes
     2. Check box No
8. **Who will be responsible for the abandonment of OSTDS (septic tanks)?**
   * 1. Check box Applicant
     2. Check box Homeowner
9. **How many sewer connections will be made as a result of this project?** Click or tap here to enter text.
10. **How many septic tanks will be abandoned as a result of this project?** Click or tap here to enter text.
11. **How many of those connections are made available to currently vacant parcels to prevent future septic tanks?** Click or tap here to enter text.
12. **How many of the OSTDS targeted by this project are on individual parcels of 1 acre or less?** Click or tap here to enter text.
13. **How many of those OSTDS are within 200 meters of a waterbody?** Click or tap here to enter text.
14. **Has the utility established a billing method associated with the new connections (e.g., plans to use potable use data)?**
    * 1. Check box Yes
      2. Check box No
15. **Does the utility have a plan to ensure ongoing maintenance of the system for its usable life?**
    * 1. Check box Yes
      2. Check box No
16. **Describe the estimated (average or range) cost for each septic to sewer connection on privately owned property.** *Include costs only for: proper septic system abandonment, connection fees, installing lateral lines, and (if applicable) installing a grinder station. Exclude any sewer or water main construction costs, impact fees, or other work done in public property.*

Click or tap here to enter text.

1. **Public Education/Outreach/Research:** Will there be any education or research components included in this project?
   1. Check box No
   2. Check box Yes
      1. Describe any education and outreach components of the project, including subject matter, estimated audience type and size, estimated number of trainings and/or workshops, and how you will encourage public participation in the project process. Click or tap here to enter text.
2. **Cost Effectiveness:** Describe how this project is cost effective for reducing pollutants contributing to water quality impairments and/or restoring water quality (e.g., estimated cost per pound removal of total nitrogen or total phosphorus).

Click or tap here to enter text.

1. **Project Effectiveness Evaluation:** Describe how the success of the project will be evaluated, such as water quality monitoring, surveys, etc. Provide sufficient detail to indicate which activities and BMPs will be monitored and how.

Click or tap here to enter text.

1. **Do you have any additional information that would be beneficial in evaluating the project?**
   1. Check box No
   2. Check box Yes
      1. Describe additional information: Click or tap here to enter text.

**Project Specific Questions for the following Project Types:** P**ublic Education/Outreach (may include a research component)**

1. **Describe** **only the proposed grant funded and (where applicable) local funds and/or match commitment activities**:Provide enough detail so that the project evaluators will know exactly what is being constructed/implemented and how it will function. For treatment trains, include how the BMPs are connected and function as a train.

Click or tap here to enter text.

1. **What is the primary topic(s) of the project?** Select all that apply.
2. Florida-Friendly Landscaping
3. Low Impact Development
4. Green Stormwater Infrastructure
5. Fertilizer
6. Does the audience/community have a fertilizer ordinance?
   * + 1. No
       2. Yes
          1. Describe the ordinance: Click or tap here to enter text.
7. Irrigation
8. Does the audience/community have an irrigation ordinance?
   * + 1. No
       2. Yes
          1. Describe the ordinance: Click or tap here to enter text.
9. Yard waste (leaves, grass clippings, etc.)
10. Pet waste
11. Septic maintenance
12. Septic upgrades
13. Septic to sewer conversion
14. Other Click or tap here to enter text.
15. **Who are the target audience(s) of the project?** Select all that apply.
16. Residents
17. Homeowners
18. Business owners
19. Youth/Students
20. Tourists
21. Policy makers/Government officials
22. Builders/Developers
23. Other Click or tap here to enter text.
24. **What outreach format(s) will be used in the project?** Select all that apply.
25. Print materials (flyers, door hangers, pamphlets, etc.)
26. Social media (Facebook, Instagram, Nextdoor, etc.)
27. Temporary signage (billboards, banners, etc.)
28. Permanent signage (kiosks, sewer markers, etc.)
29. Virtual workshops (webinars, zoom classes, etc.)
    1. What is the anticipated audience size of the workshop(s)? Click or tap here to enter text.
30. Workshop presentations (public meetings, formal classes, etc.)
    1. What is the anticipated audience size of the workshop(s)? Click or tap here to enter text.
31. Commitments/pledges
    1. What will people commit/pledge to do? Click or tap here to enter text.
32. Audo PSA’s
33. Video PSA’s
34. Event booths
35. Door to door education
36. Rebates
    * 1. What items will be eligible for rebates? What is the maximum amount that one household may be reimbursed for? Click or tap here to enter text.
37. Other Click or tap here to enter text.
38. **What is the anticipated reach of the project (i.e. how many people will receive education or will participate in programming)?** Click or tap here to enter text.
39. **Describe how the topic(s), audiences(s), and outreach format(s) were chosen:**  
     Click or tap here to enter text.
40. **Will the project use existing materials or develop new materials?** Select one.   
    If applicable, email copies of existing materials to NonpointSource@FloridaDEP.gov
41. The project will use existing materials created internally.
42. The project will use existing materials created externally.
43. The project will use new materials developed during the grant period.
44. The project will use existing materials created internally and new materials developed during the grant period.
45. The project will use existing materials created externally and new materials developed during the grant period.
46. **Does the project include a research/study phase?**
47. No
48. Yes
    1. Elaborate on why a research/study phase is necessary for the success of the education project and its impact on water quality.   
       Click or tap here to enter text.
49. **How do you define success for this project?**  
     Click or tap here to enter text.
50. **What data collection tools will be used to evaluate the project?** Select all that apply.   
    Email copies of any existing data collection tools to NonpointSource@FloridaDEP.gov.
51. Surveys
52. Interviews
53. Tests
54. Observations
55. Focus groups
56. Literature review
57. Pilot Test
58. Other Click or tap here to enter text.
59. **Describe how the data collection tools will be used to evaluate the project:**  
     Click or tap here to enter text.
60. **Describe the anticipated budget for the project, be as specific as possible:**  
     Click or tap here to enter text.
61. **Cost Effectiveness:** Describe how this project is cost effective for reducing pollutants contributing to water quality impairments and/or restoring water quality (e.g., estimated cost per pound removal of total nitrogen or total phosphorus).

Click or tap here to enter text.

1. **Do you have any additional information that would be beneficial in evaluating the project?**
2. Check box No
3. Check box Yes
4. Describe additional information: Click or tap here to enter text.

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**CERTIFICATION, ATTACHMENTS AND REFERENCES**

I, the undersigned Authorized Representative of the Project Proposal, hereby certify that all information contained herein and in the attached is true, correct, and complete to the best of my knowledge and belief.  I further certify that I have been duly authorized to file the proposal for consideration of funding and to provide these assurances.

Authorized Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                           (Name, title)

Signed this date: Click or tap here to enter text.

List the file names for all attachments that are included with this project proposal (such as maps, design plans, GIS files, letters of support, operations and maintenance plan, etc.), a description of what the attachment contains, and the total number of attachments submitted, including the project proposal.

Click or tap here to enter text.

Total number of files submitted (include the project proposal in the total number): Click or tap here to enter text.

Cite references (if applicable): Click or tap here to enter text.

**Contact** [**Nonpoint Source Management Program**](https://floridadep.gov/wra/319-tmdl-fund/content/nonpoint-source-management-program-contacts) **for assistance with completing proposal questions.**

**Phone: 850-245-2945, Email:** [**nonpointsource@FloridaDEP.gov**](mailto:nonpointsource@FloridaDEP.gov)

**If you would like to submit any supplemental documents, please email them to** [**nonpointsource@FloridaDEP.gov**](mailto:nonpointsource@FloridaDEP.gov) **with the Project Name in the subject line.**