***Coastal Partnership Initiative***

https://floridadep.gov/rcp/fcmp/content/grants

 **Grant Application**

Refer to Rule Chapter 62S-4, Florida Administrative Code, available at <https://floridadep.gov/rcp/fcmp/content/grants> for information on funding requirements and evaluation criteria.

Eligible applicants for the Coastal Partnership Initiative are local governments of the 35 coastal counties and all municipalities within their boundaries required to include a coastal element in the local comprehensive plan. Florida colleges, community colleges, state universities, regional planning councils, national estuary programs and non‑profit groups may also apply, as long as an eligible local government agrees to participate as a partner.

Submittal Requirements

1. One application per applicant may be submitted per grant cycle (i.e., one application per county, city, or other eligible applicant.)
2. Applicants may request:
3. no more than $30,000 and no less than $10,000 for planning, design and coordination activities; and
4. no more than $75,000 and no less than $10,000 for construction projects, habitat restoration, invasive exotic plant removal, and land acquisition. These projects cannot involve planning/coordination tasks or components.
	1. Non-profit groups are not eligible to receive funds for construction projects, invasive exotic plant removal, habitat restoration, or land acquisition. Applications submitted by non-profit groups that propose these activities (as listed in 62S-4.004(2)(c)) will be disqualified.
	2. Funding is available only for project work initiated and completed during a 18-month period beginning July 1 and ending December 31.
	3. One original signed application, electronic or paper must be submitted.
	4. All applications must be submitted on the CPI Application Form.
	5. Applications must be submitted via email to FCMPMail@FloridaDEP.gov or mailed to the address below by 4:00 p.m. on the date identified in the notice of availability of funds to:

 Department of Environmental Protection

 Florida Coastal Management Program, MS 235

 ATTN: CPI Applications

1. Commonwealth Blvd., Tallahassee, FL 32399-3000

**Faxed or late applications will not be considered and will be disqualified.**

**A. TITLE PAGE**

Project Title:

CPI Initiative Priority Area(s):

Applicant Name and Name of Partner Entity (if applicable):

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Official Contact Name:

 Title:

 Phone:

 Email Address:

 Postal Address:

 Applicant DUNS Number: Link to coastal element:

Proposed Project Manager Name: Email:

Certification Statement

“By signing this title page, the undersigned certifies that:

1. This application is in all respects fair and submitted in good faith without collusion or fraud;
2. If selected through this application process, the recipient will work in good faith and in partnership with the Florida Coastal Management Program to manage its subgrant in a timely and accurate manner;
3. Any funds awarded as a result of this application process will not be used to supplant or replace any state or local funds;
4. Any funds awarded as a result of this application process will not be used as matching funds to apply for or receive other federal funds;
5. No federal funds will be used as match for funds awarded as a result of this application process;
6. The applicant local government’s adopted comprehensive plan has been found to be in compliance with Chapter 163, Part II, F.S.;
7. [If construction is proposed] The applicant submitted a completed NOAA 306A questionnaire, supplied the required attachments, conducted preliminary consultation with appropriate federal, state, regional and local regulatory agencies and has permits and approvals regarding any construction proposed in the application and has documented the results of the consultation in the Project Description section of the Work Plan;
8. [If construction projects, habitat restoration or invasive species removal are proposed] The property on which these activities will take place is owned or leased by the applicant or the applicant holds a sufficient easement; detailed means methods and best management practices to be used for the project and;
9. The undersigned has full authority to bind the applicant.”

Signature Name & Title Date

If applicant is a Florida college, community college, state university, regional planning council, national estuary program or non‑profit group, include the signature, name, and title of contact for partnering entity; the name of the eligible county or city partner; and the date.

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

Signature of Partner Name & Title County or City Partner Entity Date

**B. PROJECT LOCATION MAP**

Include a project location map no larger than 8½” x 11”. **(10 pts.)\***

**PLACE LOCATION MAP ON THIS PAGE**

\* NOTE: The maximum number of points for scored application components is indicated in each section.

**C. WORK PLAN** (Expand text boxes as needed, keeping within the 10-page Work Plan limit)

This section describes the project and cannot exceed 10 single sided pages or 5 double sided pages. If letters of support or other materials are submitted to address the Work Plan components below, these items will count toward the maximum 10 pages of the application Work Plan; any additional pages or Appendices will be discarded and not considered in the evaluation of the application. The Title Page, Location Map, Budget and Budget Narrative do not count toward the 10-page limit of the Work Plan.

1. Project Description.

a. Describe in detail the activity or work to be conducted; include project location information. **(15 pts.)**

b. Describe specific project objectives, tasks, and deliverables and related timelines for each. Objectives and tasks should clearly relate to the project description. **(20 pts.)**

1. Project Need and Benefit
	1. Explain the demonstrated need, which the project addresses.  **(25 pts.)**
	2. Explain how the proposed project meets the purpose of at least one CPI priority area.  **(10 pts.)**
	3. Discuss the extent to which the project will improve the management and protection of coastal resources and identify any potential negative impacts.  **(25 pts.)**
2. Discuss how project is feasible and can be completed within 18 months. **(10 Pts.)**

**BUDGET and BUDGET NARRATIVE (15 Pts.)**

Type dollar amounts only in applicable categories (round to nearest dollar; no cents) and leave other categories blank. A recipient will be required to provide 100% (1:1) matching funds, cash or in-kind.  No more than one-half (50%) of match can be provided by a third party.

***Budget Category FCMP Funds* *MATCH Funds***

1. Salaries
2. Fringe Benefits
3. Travel
4. Equipment
5. Supplies
6. Contractual Services
7. Other Expenses
8. Indirect Charges

**FCMP Total**

**Match Total**

**Total FCMP & Match Funds**

If budget exceeds the amount shown on the “Total” line above, indicate the total project cost: $\_\_\_\_\_\_\_\_

BUDGET NARRATIVE: Describe line items for each applicable budget category shown above. Provide sufficient detail to show cost relationship to project activities for both FCMP and match items. **Indirect costs are not allowed as match.**

Total FCMP Funds Requested $

Salaries:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual Services:

Other Expenses:

Indirect Charges:

Total Match Funds: $

Salaries:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual Services:

Other Expenses:

**NOTE: Project costs will be evaluated for reasonability, and the application is eligible for up to 10 points based on the evaluation of costs.**