



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
FY2019/20 Local Government Funding Request
Inlet Projects Application

PART I: GENERAL INFORMATION

Local Sponsor:

Local Sponsor Federal ID Number (FEID):

Contact Name:

Title:

Mailing Address Line 1:

Mailing Address Line 2:

City:

Zip:

Telephone:

Email Address:

Additional Contact Information:

PART II: CERTIFICATION

I hereby certify that all information provided with this application is true and complete to the best of my knowledge.

Signature of Local Sponsor
(Electronic/scanned signature accepted)

Date

Printed Name

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

PART III: EVALUATION CRITERIA

1. **Project Name:** (as listed in the Inlet Management Plan (IMP) or Strategic Beach Management Plan (SBMP))

2. **Project Description:** (Include county, location with reference to range monuments, brief project history and description of proposed activities)
(Attach additional documentation as needed)

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

3. Use of Requested Program Funds: (Specify phase – Feasibility, Design, Construction, and/or Monitoring – and provide a brief description of work in each phase listed. Indicate which tasks are cost reimbursement for work that has already been completed.)

4. Mapping:

Prepare and attach a map or maps of the project area formatted at a minimum of 1" = 200' scale. (Maps must be provided as attachments to this application).

Map elements must include:

- Compass rose with North arrow, scale and legend.
- Project boundary showing the location of the inlet and critically eroded shoreline
- FDEP range monuments
- Area of inlet influence
- Permitted sand bypassing placement area.

5. Length of Area of Influence in Feet (as determined by the IMP or SBMP):

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

6. Schedule and Budget

- a. Cost Reimbursement:** (Specify eligible costs incurred three years prior to the current application's fiscal year which have not been reimbursed. Eligible costs will be included in the funding request of the current application.)

Year	Proposed Phase	Description	Total Estimated Cost	Federal Cost Share	State Cost Share	Local Cost Share
2016/ 2017						
2017/ 2018						
2018/ 2019						

(Attach additional documentation as needed)

b. Current and Future Costs:

(Specify eligible costs for the current application's fiscal year which have not been reimbursed. Include the proposed phases for the next 10 years and the estimated costs for the next 5 years.)

Year	Proposed Phase	Description	Total Estimated Cost	Federal Cost Share	State Cost Share	Local Cost Share
2019/ 2020						
2020/ 2021						
2021/ 2022						
2022/ 2023						
2023/ 2024						
2024/ 2025						

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

2025/ 2026						
2026/ 2027						
2027/ 2028						
2028/ 2029						

(Attach additional documentation as needed)

7. Balancing the Sediment Budget:

Provide a brief description of when the last sediment budget engineering analysis was completed for the inlet and area of inlet influence. Discuss any proposals to update the sediment budget:

What is the annual bypassing objective (cubic yards/year) adopted by the IMP or the SBMP or as determined by a department approved study?

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

Provide the current annual average of bypassed material (cubic yards) since adoption of a bypass objective:

In the table below, list the annual bypassing volumes (cubic yards/year) for the inlet for the past 10 years (starting from the last calendar year or the most recent calculation).

Year	Quantity Bypassed (cubic yards)		Dredge Location	Placement or Disposal Area
	Sand transfer plant (if applicable)	Dredging Bypass		
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
Totals per method				
Total Bypass volume				
Years since IMP adoption				
Annual average bypass				
Bypass objective				
Percentage of bypass objective				

(Attach additional documentation as needed)

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

8. Sand Reaching the Inlet:

Provide the current estimated annual quantity of beach quality sand reaching the updrift boundary of the improved jetty or inlet channel:

9. Cost Effective Alternatives:

Provide the estimated bypassing shortfall of sand (cubic yards/year) within in the inlet system:

Provide the increase in annual bypassing of sand (cubic yards/year) proposed for this project:

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

10. Local Sponsor Financial and Administrative Commitment:

Is funding for the project in the Local Sponsor's 10-year comprehensive financial plan (Y/N)?
Attach a copy or provide web link to the plan.

Is funding provided through a source established by referendum (Y/N)?
Attach a copy or provide web link to the referendum.

Is funding provided by a third-party other than the federal government (Y/N)?
What is the percentage of total project costs provided by the third party? 1 (use decimal numbers)
Attach a copy of the cost sharing agreement.

Has the Local Sponsor enter into a interlocal agreement (Y/N)?
Attach a copy of the interlocal agreement.

Quarterly Report Compliance – For projects that are currently funded through the program or have historically been funded, the Local Sponsor may give the dates quarterly progress reports were submitted within the last fiscal year per terms of the agreement (for consideration of additional ranking points):

Quarter	Due Date	Report Remit Date	Compliant (yes/no)
July-September	October 30		
October-December	January 31		
January-March	April 30		
March-June	July 31		

Is there an active state permit for the project (Y/N)? Permit #:
AUTHORIZATION DATE: EXPIRATION DATE:

Is there an active federal permit for the project (Y/N)? Permit #:
AUTHORIZATION DATE: EXPIRATION DATE:

Have local funds been secured for the project (Y/N)?
Explain:

Has a copy of the resolution been drafted and attached to this application (Y/N)?
In order to acquire state funding, the Local Sponsor must provide a resolution from the governing board which declares:

- Support from the Local Sponsor for the project
- Willingness to serve as the Local Sponsor
- Ability to provide the full local cost share
- Identification of the source of funding

A draft resolution must be provided with the application. The signed resolution must be received by September 28, 2018.

11. Previous State Commitment:

Has the Department previously reviewed, approved and cost-shared on a feasibility or design phase for this project (Y/N)?

Provide the most recent phase(s) funded by the Department:

**FY 2019/20 Local Government Funding Request
Inlet Projects Application**

Will this project enhance or increase the longevity of a previously-constructed project (Y/N)?
Explain:

Will this project nourish a previously restored shoreline (Y/N)?
(Full beach nourishment only. Dune maintenance projects do not apply)

Has a previously approved appropriation for this project phase been released in its entirety by the local sponsor due to delays in the project timelines (Y/N)?

12. Inlet Management Plans:

Does the project have an existing Inlet Management Plan or completed Inlet Management Study accepted by the Department that defines the sediment budget, quantifies the volumetric bypassing objective and contains specific management strategies (Y/N)?

Has the Department received and approved an update to an existing Inlet Management Plan in the form of a current inlet management study/sediment budget analysis within the previous 10 years or is an update being proposed to an existing inlet management plan (Y/N)?

Is a new inlet management study being proposed for the submittal to the Department for adoption in an Inlet Management Plan (Y/N)?

13. Availability of Federal Funds:

Is the project Federally authorized by WRDA (Y/N)?

AUTHORIZATION YEAR: EXPIRATION YEAR:

Does the project have a Project Cooperative Agreement or other Federal Funding agreement (Y/N)?
If so, attach a copy of the document.

What is the federal cost share percentage provided for this project? (use decimal numbers)

Is this project is funded through FEMA for storm repairs (Y/N)?
If so, attach a copy of the signed Project Worksheet.