

PART I: GENERAL INFORMATION

Local Sponsor				
Federal ID Number (FEID)				
Primary Contact Name	Т	itle		
Mailing Address Line 1				
Mailing Address Line 2				
City	Zip Code		Telephone Number	
Email Address				
Additional Contact Informatio	'n			
PART II: CERTIFICATION				
I hereby certify that all inform	ation provided with this application is true and co	mplete to th	ne best of my knowle	dge.
Signature of Local Sponsor				
Electronic or scanned signatures accept	ted.			
Printed Name		Date		



PART III: EVALUATION CRITERIA

Project Name: As listed in the Inlet Management Plan (IMP) or Strategic Beach Management Plan (SBMP)						
Project Description: Include county, location with reference to DEP range monuments, brief project history, and description of coposed activities.						



Design, Construction, or Monitoring). Indicate which tasks are cost reimbursement from previous fiscal years.
 4. Map: Provide as an attachment. Format: The project area must be formatted at a minimum of 1" = 200' scale and include a compass rose and legend. Required elements: Project boundary, DEP reference monuments, shoreline designated as critically eroded, area of inlet influence, and permitted sand bypassing placement area
5. Project length: Total restored project boundary (in feet) as listed in the IMP or SBMP
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- **6. Schedule and Budget**: Provide as a separate attachment, if needed. Clearly indicate project phase: Feasibility (F), Design (D), Construction (C), Monitoring (M). Include the year of post-construction monitoring in the description.
- Cost Reimbursement: Specify eligible costs incurred during the three years prior to the current application's fiscal year that are not in a current DEP agreement and have not been reimbursed (this includes fiscal years 23/24, 24/25, and 25/26). Eligible costs will be added to the current funding request.
- **Current and Future Costs**: Specify eligible costs for the current application's fiscal year that are not in a current DEP agreement and have not been reimbursed as well as the estimated costs for the next 4 years. <u>Note: If Construction costs are requested in the current</u> fiscal year, then the Year 1 Post-Construction Monitoring costs will be added to the current funding request.

Fiscal Year	Project Phase	Description	Federal Cost	State Cost	Local Cost	Total Cost
23/24						
23/24						
23/24						
24/25						
24/25						
24/25						



Fiscal Year	Project Phase	Description	Federal Cost	State Cost	Local Cost	Total Cost
25/26						
25/26						
25/26						
26/27						
26/27						
26/27						
27/28						
27/28						
27/28						
28/29						
28/29						
28/29						
29/30						
29/30						
29/30						
30/31						
30/31						
30/31						



7. Sand reaching the inlet Provide the estimated annual quantity (cubic yards) of beach quality sand reaching the updrift boundary of the improved jetty or inlet channel: 8. Severity of erosion Provide the annual bypassing objective (cubic yards/year) adopted by the IMP or SBMP or as determined by a Department-approved study: 9. Balancing the sediment budget Provide the current annual average of bypassed material (cubic yards) since the adoption of a bypass objective: 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.



Historical bypassing volumes: In the table below, provide the annual bypassing volumes (cubic yards/year), for the previous ten years (from the last calendar year or the most recent calculation). Attach additional documentation as needed.

Year	Quantity Bypassed (cy) - Sand Transfer Plant	Quantity Bypassed (cy) - Dredging	Dredge Location	Placement or Disposal Area
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				
2023				
2024				
Total per method				
Total bypass	s volume:			
Years since I	IMP adoption:			
Annual aver	age bypass:			
Bypass obje	ctive:			
Percentage	of bypass objective:			



10. Increased bypassing and cost-effectiveness

			_			
Provide the estima yards/year) propos	ted increase in annual b ed for the project:	ypassing of sand	(cubic			
Provide the estima yards/year) within	ted shortfall of annual b the inlet system:	ypassing of sand	(cubic			
Is the proposed pro	oject requesting constru	ction phase fund	s for a major	inlet managem	nent project compo	onent?
	he award of points for the e of the inlet and all oth					ion of probable cost
11. Inlet Manageme	nt Plans					
Select all that apply	<i>/</i> :					
C Existing IM has been ap	P: The proposed project proved by the Departm	t has an existing li ent.	MP or comple	eted Inlet Mana	agement Study tha	t
form of a cu or there is a	MP: The Department has irrent Inlet Management in update proposed to a	: Study/sediment n existing IMP in t	budget analy the current ap	ysis within the poplication.	previous five years,	
adoption in	new inlet management an IMP.	. study is propose	d for Submis	sion to the Det	Dartment for an	
12. Enhanced longe	vity of proximate beac	h nourishment p	orojects			
Annualized be nourishment p	ach nourishment volum project:	e of proximate be	each			
13. Active permits						
Does the project have a	an active state permit?		Does th	e project have	an active federal p	ermit?
Permit number:			Permit ı	number:		
Authorization date:			Authori	zation date:		
Expiration date:			Expirati	on date:		



14. Federal funds available

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Does	the proposed project have federal funds available? If so, provide supporting documentation.	
15. Secured	local funds	
Has th draft	ne necessary local funding been secured for the proposed project? If so, provide a copy of the Resolution. The signed Resolution is due by September 26, 2025.	
Additional comments		