

FY 2020-2021 GRANT APPLICATION INSTRUCTIONS

Application documents are not to exceed 12 pages, including all supplemental and required documents, starting with the Title Page of the application to the Certification Statement.

MUST USE THE APPLICATION FORM PROVIDED

I. TITLE PAGE

1. PROJECT TITLE:

Provide a short, simple title to reference your project. *Limited to 100 characters.*

2. - 4. GRANTEE/GRANT MANAGER/FISCAL AGENT CONTACT INFORMATION:

Provide current contact information for each. Some information may be duplicative. The grantee is responsible for all other correspondence with DEP after the grant is awarded and relaying any information necessary to partners and/or subcontractors. All sections must be completed.

5. FEID NO. (a.k.a. Tax ID#):

Provide the Grantee's FEID# that matches the registered listing in MFMP (<https://vendor.myfloridamarketplace.com>).

- User Name & Password: publicuser.
- Enter Tax ID # only, and click Enter.
- Search through the listing to validate the following under the detail section for the listing you choose, and provide that listing (contact name), when a match is found:
The following fields from the application, must match the MFMP's listing.

- Entity legal name
- Full address (physical & mailing if different)

If they don't, please contact MFMP to get a correct entry listed for the Grantee at:

https://www.dms.myflorida.com/business_operations. If your question is not answered by the FAQ's link, please contact our Vendor Customer Service Desk at vendorhelp@myfloridamarketplace.com or by phone at 866-352-3776.

6. WORK PERFORMED BY:

Select the correct line item to indicate who will be performing the work for this project.

7. SUBCONTRACTORS CONTACT INFORMATION:

If any work is being completed by a Subcontractor and is known at the time of submitting the application, please provide their contact information.

8. PROJECT LOCATION:

This should be a simple statement of the location of your project. It may include lat/long. However, because that level of detail becomes part of the contract, you should verify your lat/long using GIS or Google. Include a map if possible, no larger than one page.

A. List of County(ies):

List all counties where work is to be performed.

B. List of City(ies)/Town(s)/Village(s):

List all city(ies)/town(s)/village(s) where work is to be performed.

C. State Lands Lease Agreement Number(s):

Provide the lease agreement number(s) for any work that will be performed on State Lands. If work will not be on any State Lands, please indicate N/A.

II. WORK PLAN

Provide information on your project plan that incorporates the goals and priority areas for FRCP. See the links for Goals and Priority Areas on our website at <https://floridadep.gov/resilience> under Grants. (If including any letters of support or other materials, they should address the Work Plan components below.)

9. PROJECT SUMMARY:

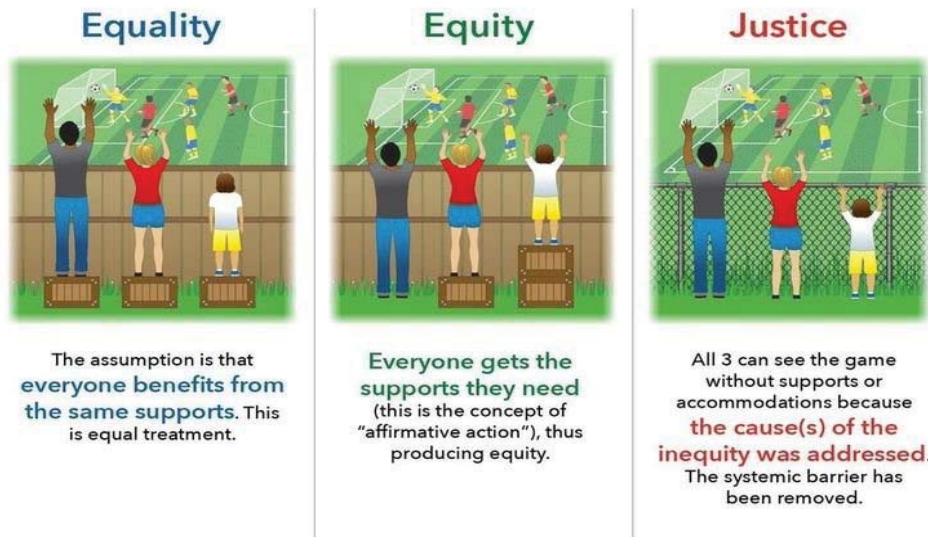
This should be a brief synopsis of the project plan, **limited to 100 words**.

10. PROJECT DESCRIPTION:

This should be a concise summary of the work being done. It may explain why the work is needed or what the end goal of the work is. It should **NOT** restate the tasks or deliverables and should not give specifications or similar detailed descriptions. In most instances, this should be **limited to 1 page** of information.

11. PROJECT NEED AND BENEFIT:

Elaborate on specific elements of the project, answering each subsection as requested. If the project will address social vulnerability or vulnerability of historic resources or stormwater management systems, provide that information on line D.



12. DESCRIPTION OF PROJECT OUTCOMES:

Provide a detailed description of the anticipated outcomes of the project based on the assumption that the project is completed as specified with outputs showing progress to the goals intended to meet.

13. BUDGET SUMMARY:

Complete the grant amount that is being requested to complete the project, within the grant dollar amount limitations as advertised.

FIXED PRICE	Grant Amount Requested
AGREEMENT TOTAL	\$

- A. Describe how the project costs was determined.** (Include items such as the utilization of contractor estimates, supply costs, staff hours estimated at a rate to complete the tasks, etc.) _____
- B. Other Project Funding Sources:** (If this grant request only covers part of the total project cost, detail the other funding sources and their contributing dollar amounts to the project.)

OTHER PROJECT FUNDING SOURCES

Source Name (only if applicable)	Task 1	Task 2	Task 3	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total				\$

14. PROJECT TIMELINE:

This is where each task is listed with the title, due date for submission of all deliverables by task, and total of task funding amount requesting. **To avoid late submittals and financial consequences, be sure to allow enough time for submitting deliverables.**

PROJECT TIMELINE

Task No.	Task Title	Deliverable Due Date	Task Amount
1		MM/DD/YYYY	\$
2		MM/DD/YYYY	\$
3		MM/DD/YYYY	\$

Include the number of rows to meet the number of tasks that you will be utilizing for your project. **Do not change any of the gray areas in the template.**

Please keep in mind that if any changes are requested for the Project Timeline, a change order and/or an amendment must be requested via separate email from the Grantee to the Department, prior to the current due date listed. Please allow a minimum of two weeks to process these requests.

15. FUTURE RECOMMENDATIONS & ESTIMATED COSTS FOR THEM:

Provide a description of recommended projects that would continue to develop and build on this completed project to continue to further the resilience goals. Include an estimated cost for each recommendation listed and how you determined that estimate.

III. TASKS & DELIVERABLES

Task #

- A. Title:** *Limited to 100 characters.*
- B. Goal:** *This should be no more than two sentences on what the goal of this task is.*
- C. Description:** *This is where the specific activities to be performed are described in detail. “Who, what, where, when, how, and how many” should be addressed. There must be enough detail to be able to review your deliverable and to ensure that we have the exact same expectation. Make sure the task description is clear about what activities/deliverables are to be contracted out.*
- D. Deliverable:** *A deliverable usually signals the end of a task or accomplishment of a milestone. A deliverable is what the department receives as proof that the task has been completed. It should be in a list format, clear, tangible, quantifiable, measurable and verifiable. It should also be directly related to the task description above. The deliverable section of your work plan should not be used to explain the task being assigned.*

There may be multiple deliverables for one task. You may request reimbursement upon completion of each task in the project, confirming all deliverables for that task have been completed and approved by DEP, prior to the request being submitted.

NOTE: *The Department will review all deliverable(s) per task, to ensure they meet the specifications provided in the Task Descriptions.*

- E. Task Total Requested:** *Place the total requested amount for the completion of this task to be reimbursed by grant funds. \$ _____*
Other Source Funds Applied: *Fill in, only if the grantee is contributing to the cost of this task to be completed over the grant requested amount. \$ _____ (if applicable)*

(Repeat the “Tasks & Deliverables” section for each task listed in your project timeline.)

IV. CERTIFICATION STATEMENT

A completed Certificate Statement needs to signed by the grantee, and partner (if applicable). Be sure to include a maximum one-page attachment for the partner to this application, detailing their involvement with the project.