OFFICE OF ECOSYSTEM PROJECTS HARMFUL ALGAL BLOOM INNOVATIVE TECHNOLOGY

**PROJECT INFORMATION PROPOSAL**

**FOR GRANT FUNDING CONSIDERATION**

***Complete all appropriate sections and sign/date (expand writing areas as needed).***

*Instructions are included in italics throughout the project information proposal.*

**OVERVIEW**

**The** [**Blue-Green Algae Task Force**](https://floridadep.gov/Blue-GreenAlgaeTaskForce) **was charged with identifying solutions to the harmful algal blooms that are known to impact the state of Florida. After a thorough review of available information and multiple opportunities for input from stakeholders, the Task Force developed** [**recommendations**](https://floridadep.gov/sites/default/files/Final%20Consensus%20%231_0.pdf) **to address the problem. Among other things, those recommendations encouraged an investment in a diverse portfolio of technologies that are cost-efficient, environmentally safe and scalable. Based upon those recommendations, the Department is seeking proposals from government entities for the implementation of innovative technology projects intended to prevent, detect, clean-up, or otherwise address harmful algal blooms.**

**Project Information Proposals Accepted from the Following Entities:**

Governmental entities in Florida, as described in Subsection 287.012(14), Florida Statutes (F.S.).

**Examples of fundable projects or programs include, but are not limited to:**

* Projects that invest in new monitoring and detection, with a focus on algae and nutrient speciation, different blue-green algae toxins, etc. to enable a more proactive response.
* Projects that invest in technologies with a prevention focus.
* Projects that invest in technologies that are focused on clean-up and mitigation of blue-green algae blooms.

**Proposal Evaluation Periods:**

Proposals must be received by the Department within 30 days of the posting of the grant solicitation. Projects not selected in this solicitation can be considered in future solicitations. If a proposal is not funded by the end of this state fiscal year, the proposal will need to be resubmitted for consideration in future solicitations.

**Proposal Guidance:**

Please provide detailed information in the fields provided in Parts I through IV of the project information proposal. Write n/a for any field(s) that the proposed project is not addressing. More complete information will provide reviewers a better understanding of the proposed project.

All proposal requests must be **submitted electronically** to the Grant Coordinator in the Office of Ecosystem Projects. If you have any questions or need further information, please contact the Grant Coordinator: William “Chad” Kennedy at [William.C.Kennedy@FloridaDEP.gov](mailto:William.C.Kennedy@FloridaDEP.gov).

**Definitions and Terms:**

* **Size of Land Area Being Treated** – The size of the contributing land area, in acres (usually a watershed or sub-basin) that drains to the project being constructed.
* **Size of Project Impact** – The size of the site in acres where the project is being constructed (usually the extent of the permitted plans).
* **Waterbody Identification (WBID) -** The term is used interchangeably with waterbody segment. For more information on WBIDs, please visit the DEP Basin 411 website: <https://floridadep.gov/dear/watershed-assessment-section/content/basin-411-0>.
* **Pollutant of Concern** – “Pollutant of concern” means the pollutant or pollutants that have been identified as causing the impairment of a waterbody.
* **Total Maximum Daily Load (TMDL)** – A scientific determination of the maximum amount of a given pollutant that a surface water can absorb and still meet the water quality standards that protect human health and aquatic life. Adopted TMDLs are listed in Chapter 62-304, Florida Administrative Code.
* **Verified Impaired Water** – A waterbody segment included on the Department’s adopted verified list of impaired waters. Such waters do not meet its applicable water quality standards as set forth in Chapters 62-302 and 62-4, F.A.C., as determined by the methodology in Chapter 62-303, F.A.C., due in whole or in part to discharges of pollutants from point or nonpoint sources. The process for verifying that a water is impaired is described in Rule 62-303.400, F.A.C.
* **Basin Management Action Plan (BMAPs)** is a "blueprint" for restoring an impaired waterbody--one that does not meet water quality standards--by implementing actions that will reduce pollutant loadings to meet an adopted Total Maximum Daily Load (TMDL) restoration target.
* **Best Management Practices (BMPs)** Historically the term has referred to auxiliary pollution controls in the fields of industrial wastewater control and municipal sewage control, while in stormwater management (both urban and rural) and wetland management, BMPs may refer to a principal control or treatment technique as well.
* **Reasonable Assurance Plan (RAP)** A restoration plan in accordance with Rule 62-303.600, F.A.C., that is approved by Department order.
* **Innovative Technology** New technologies that have been demonstrated to be technically feasible under certain site conditions, but not widely used under the conditions that exist. This includes innovative applications of common use technology.

**PART I – GENERAL INFORMATION**

**PROPOSAL FOR GRANT FUNDING CONSIDERATION**

**PROJECT CATEGORY:** *Check all that apply*

Prevention



Clean-up



Water Quality Monitoring Only



Other Water Quality *(describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Hydrologic Restoration



**PROJECT SUB-CATEGORY:** *Check all that apply*

Chemical



Biological



Mechanical



Combination *(describe the combination): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



Early Detection or forecasting



**PROJECT FUNDING STATUS:** *Check all that apply*

New project that was not previously funded with State or Federal funds through the Department.



Phase of proposed project (or existing/ongoing project) previously funded through the Department.



*If any phase of project previously funded with State or Federal funds through the Department, provide project name, funding amount (grant and match, if applicable), and DEP Agreement No.(s):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**ENTITY/SPONSOR NAME:**

**CONTACT information:**

Name:

Street Address:

City, State, Zip:

Telephone:

Email:

**PROJECT NAME:**

**PROJECT BACKGROUND:**

*Describe how the Entity/Sponsor has determined the need for this project. This may be any decision-making process(s) and/or legislative mandate(s) and/or stormwater master plan(s) and/or operations and maintenance plan(s) that identifies this project as a priority and/or describes how this project will benefit water quality in the project area.*

**PROJECT LOCATION:** *If the project is covering a large area, please describe the extent of the project area, and include the centroid latitude/longitude. If known, additional latitudes/longitudes may also be included. If available, please attach GIS files (maps) for the project(s).*

Geographic Location of Project (e.g. city, county, street address):

Size of Project Impact (area needed to build project):

Size of Area Being Treated:

Latitude (decimal degrees):

Longitude (decimal degrees):

**PROJECT FUNDING REQUEST AMOUNT:** $

**TOTAL COST (Sum of Proposed Project Funding Request and Entity Local Commitment Amounts): $**

Please describe the project cost under these three categories:

**Capital Cost**

Capital costs are fixed, one-time expenses incurred on the planning, permitting, site preparation, purchase land or easements, buildings, construction, and equipment used in the project to render the service. In other words, it is the total cost needed to bring a project to an operable status. Keep in mind that the monitoring plan is designed before starting the implementation of your project.

**Operational Cost**

Operating costs are expenses associated with the maintenance and administration of the proposed project on a day-to-day basis. Please describe anticipated costs of: monitoring, supplies, rental equipment, repair and maintenance, utility usage, salary and wage expenses, and other operational costs. When appropriate, link costs to volume of treatment. For example, the volume of water treated, or area of treatment may correspond with the volume of supplies consumed during water treatment.

**Demobilization and After-Action Report Cost**

DEP grants will require the grantee to provide an After-Action Report. The Report is a key activity for demonstrating that the project has met DEP grant requirements and will quantify the suitability of the method for future use.

The after-action report will describe how the project site has been returned to the pre-project condition and that the cost to quantify performance (monitoring) and generate the Demonization and After-Action Report should be described. Reports for the Grantee (DEP) will include both a financial summary as well as the results achieved by the project.

Does the total cost shown above equal the total cost of the entire project?

*(i.e., project will be fully funded if project is selected for funding with the requested amount and local funds and/or match commitment provided):*

Yes No



If no, what is the total cost of the proposed project *(e.g., funding request is for a phase of a larger project or there are other expected funding contributing partners)*: $

If no, what are the other funding sources for the total cost of this project? *List all expected funding sources and amount required to complete the project*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COST EFFECTIVENESS:**

*Describe how this project is cost effective for preventing, combatting or cleaning up harmful algal blooms. For all projects, describe how the cost effectiveness of the project will be measured, including the methods used (e.g. monitoring, cost comparison to current processes, etc.).*

**PROPOSED PROJECT READINESS TO PROCEED:**

**Design Status:** *(check applicable)*

Design is not required for this project.



Project is 100% designed



Project is between 60% and 100% designed



Project is partially designed but less than 60%



Project is at the conceptual stage, design has not started



**Permit Status:** *(check applicable)*

Permits are not required for this project



Project is fully permitted (100%).



Between 50% and 100% of the permits have been obtained



Less than 50% of the permits have been obtained



Permitting process has begun but no permits have been obtained



Permitting process has not started



**Project Start Date:** *(check applicable)*

Project construction/eligible grant can start immediately after of notice of funding award.



Project construction/eligible grant can start within 6 months of notice of funding award.



Project construction/eligible grant can start within 12 months of notice of funding award.



Project construction/eligible grant can start after 12 months or more after notice of funding award.



**Length of Time Expected to Complete Proposed Project:**

*How long will the entire project take to complete, if requested amount covers all work for the entire project? If part of a larger project, how much time will be needed to complete all work for the funding requested and local funds and/or match commitment provided?*

*Include the estimated timeframe in number of months for each applicable task so that the reviewers will know how much time is needed, regardless of when the project evaluation process takes place. Note that tasks may take place concurrently (e.g., monitoring may take place throughout the entire project period). If tasks are performed concurrently, do not add time to the overall project timeframe unless the task(s) need additional time to complete.*

*Add applicable tasks if they are not listed below. If a task does not apply for the proposal, mark the task N/A so that reviewers will know that this section was not overlooked.*

**Do not include the time for work that has already been completed (which is not eligible for grant funds).**

No. of Months for Design and Permitting:

No. of Months for Bidding/Subcontracting:

No. of Months for Construction/Implementation:

No. of Months for Verification of Success:

No. of Months for Reporting:

Total No. of Months to Complete:

**ADDITIONAL PROPOSAL INFORMATION:** *Please complete as applicable.*

* Is the project expected to be located in or primarily benefit a financially disadvantaged community? (e.g., Rural Economic Development Initiative)? *Information on REDI can be found at the following website:* <http://www.floridajobs.org/docs/default-source/community-planning-development-and-services/rural-community-programs/redi/raomap1.pdf?sfvrsn=2>.

Yes No



If yes, name the community:

* **Does the Proposal Organization have an O&M plan and expected funding identified (including in-kind contributions) that will be needed to operate and maintain this proposed project?**

Yes No



If yes, describe.

**PART II: PROJECT WATERSHED CHARACTERISTICS**

**WATERBODY ADDRESSED:**

1. Provide the name of the waterbody(s) that this project addresses:
2. Provide the WBID number(s) for the waterbody segment(s) that this project addresses.

*Waterbodies are typically divided into segments which are identified by Water Body Identification (WBID) numbers. Water quality impairments are associated with the WBIDs, not the entire waterbody. Here is a link where that information can be found:* <https://floridadep.gov/dear/watershed-assessment-section/content/basin-411-0>

1. List the parameter(s) for which the waterbody is impaired, if applicable.
2. Does the project treat water that discharges directly into an impaired WBID(s)?

Yes No



If yes, identify the **WBID(s)** that the treated water directly discharges into.

If no, then describe how the project contributes to reductions of the parameters impairing the WBID(s). *(e.g. does the unimpaired receiving water body discharge into an impaired water body and if so, describe how)*

**IMPLEMENTATION OF A WATER QUALITY RESTORATION PLAN(s):**

*If available, please attach GIS files for the project(s).*

1. TMDL Report Name that project is addressing, if applicable:

If addressing a TMDL, identify the pollution reductions and parameters specified in the TMDL:

1. Does this project fall within the geographical boundaries of any of the following: *(check all applicable)*

Developing BMAP



Adopted BMAP



Developing RAP



Adopted RAP



Developing TMDL Alternative Plan/Alternative Restoration Plan



Approved TMDL Alternative Plan/Alternative Restoration Plan



Springshed Area



Outstanding Florida Spring Springshed Area



Priority Focus Area for an Outstanding Florida Spring



If any of the above are checked, please complete the following:

* 1. Enter name of Water Quality Restoration Plan(s):
  2. Identify if this project contributes to pollutant reductions specified in the Water Quality Restoration Plan(s).

Yes No



* + 1. If yes, briefly describe the nonpoint source issues or pollutant reductions specified in the Water Quality Restoration Plan(s) that the project is addressing. Include plan page numbers where applicable.
  1. In addition to being located within a Plan area, is this project also listed in the Florida Statewide Annual Report on TMDLs, BMAPs, MFLs, and Recovery or Prevention Strategies (<https://floridadep.gov/star>)?

Yes No



* + 1. If yes, provide the BMAP Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. and/or, provide the RAP Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    3. and/or, provide the TMDL Alternative/Alternative Restoration Plan Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    4. and/or, provide the Recovery or Prevention Strategy/Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  1. If the project is located within a Springshed Area, Outstanding Florida Spring Springshed Area, or Priority Focus Area for an Outstanding Florida Spring, does the project address: *(check all applicable)*

Water Quality *(describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



Water Quantity *(describe how the project will benefit the spring, including quantity of water made available in MGD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



Is the Project Listed in a Recovery/Prevention Strategy or Identified in a Regional Water Supply Plan as Benefitting an MFL?



* + - If so, name the Strategy and Project Title:

**Land Ownership Status:** *(check one)*

Land necessary for the construction of treatment infrastructure has been acquired. Title is held by:



Land necessary for the construction of treatment infrastructure is under a legal option to buy (please provide documentation of the option-to-buy and funding to execute the purchase).



Land necessary for the construction of treatment infrastructure is under an easement that allows for construction and access.



**PART III: DETAILED PROJECT DESCRIPTION**

Include a full description of the proposed project. Project elements that are described on other submitted attachments but are not described in PART III may not be considered as part of the project when evaluating the proposal for funding consideration.

1. **Description of** **the proposed grant funded and (where applicable) local funds commitment activities**: *Provide sufficient detail so that the project evaluators will know exactly what is being constructed/implemented and how it will function.* 
   1. Provide a detailed description of all project activities for which grant funding is requested.
   2. Describe how the project is expected to address the issue of harmful algal blooms and how the results will be used to improve the State’s ability to prevent, mitigate or clean up harmful algal blooms.
2. **Objective:** Explain how the activities in the grant funded project proposal will achieve the goals of the grant solicitation.
3. **Project Effectiveness Evaluation:** Describe how the success of the project will be evaluated, such as water quality monitoring, surveys, etc. Provide enough detail to indicate how activities will be monitored and how the information will be used to improve effectiveness.
4. **Project Funding and Timeline:** *In the table below, provide the estimated funding amounts and timeline for each grant step in the proposed project. Examples of typical descriptions have been provided but can be edited as needed.*

| **Description** | **Grant Funding** | **Estimated Timeframe to Complete Task** |
| --- | --- | --- |
| Design, Permitting | $ | mm/dd/yyyy to mm/dd/yyyy |
| Construction/Implementation | $ | mm/dd/yyyy to mm/dd/yyyy |
| Monitoring/Verification | $ | mm/dd/yyyy to mm/dd/yyyy |
| Final Report | $ | mm/dd/yyyy to mm/dd/yyyy |

1. **Additional Information:** Include other relevant information about the project that has not been addressed in the previous questions (e.g., the presence of protected species at the site).
2. **Does the project use innovative technologies/BMPs?**

*For example, stormwater projects that include an extensive treatment train such as a combination of retention ponds, exfiltration trenches, and swales; or enhancements such as denitrification walls, alum and other polymer treatments, electrostatic panels, and parameter specific filters, etc., will be considered more innovative than projects that install a single conventional BMP.*

Yes No



If yes, please explain how the BMPs are innovative. For prevention or clean-up technologies, please provide estimates of the technology performance and safety (if the technology involves potentially toxic substances or byproducts), information to support these estimates, and examples of where the innovative technologies have been successfully used.

1. **For Agricultural BMP Project Proposals:** *Check all that apply and attach supporting documentation, if applicable*

Project is supported by both state and local grower associations.



Project complements an existing BMP project or U.S. Department of Agriculture (USDA) program.



**PART IV – 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                  (Signature)                                             (Name typed)

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_\_

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.

Filename:

Description:

Filename:

Description:

Filename:

Description:

Filename:

Description:

Filename:

Description:

Total Number of Files Submitted (include the project proposal in the total number): \_\_\_\_\_

Cite References (if applicable):