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Innovative Technologies for Harmful Algal Blooms (HABs) Grant Program Project Proposal

All project proposals must be submitted online via the [Protecting Florida Together Grants Portal](#). Email submissions will not be accepted.

Proposal Questions

General Information

1. Entity/Sponsor Name [Text Box]
2. Is this a governmental entity/sponsor as defined in section 287 Florida Statutes (Eligible project proposals must be submitted by a governmental entity or sponsor).
 - a. [Yes or no]
3. Registered in My Florida Marketplace to do business with the state of Florida?
 - a. [Yes or no]
4. Vendor/Recipient FEID
 - a. [Text Box]
5. Contact Information
 - a. Email of Person Completing the Proposal
 - i. [Text Box for Email Address]
 - b. Project Manager Name
 - i. [Text Box for Name]
 - c. Project Manager Position Title
 - i. [Text box for Position Title]
 - d. Project Manager Street Address
 - i. City
 - ii. State
 - iii. Zip Code
 - iv. Telephone
 - v. Project Manager Email Address
 - e. Signature Authority Name
 - i. [Text Box for Name]
 - f. Signature Authority Position Title
 - i. [Text box for Position Title]
 - g. Signature Authority Street Address
 - i. City
 - ii. State
 - iii. Zip Code
 - iv. Telephone

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v. Signature Authority Email Address

Project Details

6. Project name
 - a. [Text Field]
7. Project Primary Category? Select option that best represents your project.
 - a. Prevention (Nutrient Reduction based)
 - b. Prevention (Not Nutrient Reduction based)
 - c. Clean-up
 - d. Mitigating Harmful Effects of a Bloom Event
 - e. Prediction / Modeling
 - f. Other
 - i. Enter other:
 - g. None
8. Project Secondary Category?
 - a. Prevention (Nutrient Reduction based)
 - b. Prevention (Not Nutrient Reduction based)
 - c. Clean-up
 - d. Mitigating Harmful Effects of a Bloom Event
 - e. Prediction / Modeling
 - f. Other
 - i. Enter other:
 - g. None
9. Project method?
 - a. Chemical
 - b. Biological
 - c. Mechanical
 - d. Chemical and Mechanical
 - e. Biological and Mechanical
 - f. Chemical and Biological
 - g. Not Applicable
10. How will the project achieve selected categories?
 - a. [Text Box]
11. Project funding status (Select which option that applies)
 - a. A new project that was not previously funded with state or federal funds through DEP.
 - b. Project that builds upon a previously or currently funded Innovative Technologies Project.
 - c. Project that has received previous DEP/federal funding but not Innovative Technologies funding.

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12. Has your organization been awarded and/or executed grants with the Florida Department of Environmental Protection within the past 3 years? If yes, input the DEP Agreement Numbers (example INV01). If the answer is “No,” respond with “No.”
 - a. [Text Box]
13. Project background
 - a. [Text Box]
14. Project location
 - a. Geographic location of project (e.g. city, county, street address)
 - i. [Text Box]
 - b. Coordinates (Zoom to the area of the project or search by address and place the marker where the project will be located to generate project latitude and longitude. If the project is covering a large area or includes multiple locations, please select a centroid.)
 - i. Project Location Latitude
 - ii. Project Location Longitude
 - c. BMAP ID
 - d. Springs Priority Focus Area
 - e. Size of Project Impact (Area need to build project in acres)
 - i. [Text Box]
 - f. Size of Area Being Treated (Surface Area in acres)
 - i. [Text Box]
15. Is this project expected to be located within or primarily benefit a financially disadvantaged community (as defined by FDEP rule 62-522.2000(13))? A financially disadvantaged community is a municipality, county, or agency with a defined public water system service jurisdiction with a median household income below the statewide average. Type “Yes” or “No.” If “Yes”, type the name of the community.
 - a. [Text Box]
16. Total amount of DEP Innovative Technologies funding requested for the project.
 - a. [Text Box]
17. Total cost (sum of project funding request amount plus the commitment amounts from other entities.)
 - a. [Text Box]
18. Does the total cost above equal the total cost of the entire project? Type in “Yes” or “No.” If no, identify the source(s) of the additional funding and the additional funding dollar amounts.
 - a. [Text Box]
19. Do you have all the required equipment and supplies for this project?
 - a. [Yes or no]
20. Have you received permission from the landowner to conduct the project on their property? Type in “Yes”, “No”, or “Not Applicable.” If Answer is “No”, please explain how you intend to seek or gain permission and at what alternative location(s) will you perform the project should permission not be obtained. If Answer is “Not Applicable”, please explain why this is so.
 - a. [Text Box]

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21. Is your project dependent on a vendor/subcontractor?
 - a. [Yes or no]
22. Has a contract with a vendor/subcontractor already been awarded? Type in “Yes” or “No.” If yes, identify the name of the vendor/subcontractor.
 - a. [Text Box]
23. Describe how the cost effectiveness of this technology will be evaluated.
 - a. [Text Box]
24. Design Status
 - a. Project is 100% designed.
 - b. Project is between 60% and 100% designed.
 - c. Project is partially designed but less than 60%.
 - d. Project is at the conceptual stage; design has not started.
 - e. Design is not required for this project.
25. Project Start Timeline
 - a. Immediately after notice of award funding
 - b. Within 6 months after notice of award funding
 - c. Between 6 to 12 months after notice of award funding
 - d. After 12 months after notice of award funding
26. Does the project introduce chemical or biological treatments into the waters of the state? Florida statute defines “waters of the state” to include all bodies of water in the state, including rivers, lakes, streams, springs, and wetlands. Type in “Yes”, “No”, or “Not Applicable.” If “yes”, please identify the name of the water body and name the chemical(s) introduced.
 - a. [Text Box]
27. Does the study design call for waters to be removed from and then returned to waters of the state following treatment during field testing? Type in “Yes”, “No”, or “Not Applicable.” If “yes”, please describe how this process will work.
 - a. [Text Box]
28. Are permits required for this project? Type in yes, no, or unknown.
 - a. [Yes, No, or Unknown]
 - b. Required Permit Types?
 - a. Federal (e.g., 401-Water Quality Certification, 404-Discharge of Dredge and Fill, 408-Use or Alteration of Civil Works).
 - b. State (e.g., generic permits for construction including dewatering and management of stormwater, wastewater treatment-NPDES).
 - c. Local (e.g., water management district right-of-way/water use, county-well installation).
 - d. Unknown.
29. Permit Status
 - a. Project is fully permitted (100%)
 - b. Between 50% and 100% of the permits have been obtained
 - c. Less than 50% of the permits have been obtained.
 - d. The permitting process has begun but no permits have been obtained.

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- e. The permitting process has not started.
 - f. No permits are required.
30. Does the proposal organization have an operations and maintenance plan and expected funding identified (including in-kind contributions) that will be needed to operate and maintain this proposed project?
- a. [Yes or no]

Project Watershed Characteristics

31. Provide the Water Body Identification Number (WBID) number(s) for the waterbody segment(s) that this project addresses?
- a. [Text Box]
32. List the parameter(s) for which the waterbody is impaired, if applicable.
- a. [Text Box]
33. Does this project fall within the geographic boundary of an impaired WBID(s)?
- a. [Yes or no]
34. Does this project fall within the geographical boundaries of any of the following?
- a. Adopted Basin Management Action Plan (BMAP).
 - b. Designated Impaired Waters
 - c. Approved Total Maximum Daily Load (TMDL) Alternative Plan/Alternative Restoration Plan.
 - d. N/A.
35. Enter the name of water quality restoration plan(s). If Not Applicable, write N/A.
- a. [Text Box]
36. BMAP Project Name (Enter a keyword and our form will assist you in selecting the right project. If you cannot find your project, check the [BMAP Project Data Sheet](#) for a complete list of BMAP projects. If your project is not listed, please select Other - Not Listed below.)
- a. Other – Not Listed below [Text Box]
37. BMAP Project ID [Text Box]
38. Is the Project listed in a recovery/prevention strategy or identified in a Regional Water Supply Plan as benefiting a Minimum Flows and Minimum Water Levels (MFL)? If yes, please provide the name of the strategy and the project title. If no, simply answer “no.”
- a. [Text Box]
39. Land Ownership Status for the construction of treatment infrastructure, as applicable.
- a. The proposed project is on State-Owned Lands.
 - b. Land necessary for the construction of treatment infrastructure has been acquired.
 - c. 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).
 - d. Land necessary for the construction of treatment infrastructure is under an easement that allows for construction and access (please provide documentation of the easement agreement and the name of the title holder).
 - e. This project does not include the construction of treatment infrastructure.

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40. Water Ownership Status for projects in waters:
 - a. The proposed project takes place in public waters, such as sovereign submerged lands.
 - b. The proposed project takes place in privately owned waters, including stormwater ponds, and legal access has been granted by the owner(s).
 - c. The proposed project takes place in privately owned waters, including stormwater ponds, and legal access has not been granted by the owner(s).

Detailed Project Description

41. Provide a detailed description of all project activities for which grant funding is requested.
 - a. [Text Box]
42. Summarize your Project Description in 500 words or less.
 - a. [Text Box]
43. Describe how the project is expected to address the issue of harmful algal blooms and how the results will be used to improve Florida's ability to prevent, mitigate, clean up, and/or predict harmful algal blooms.
 - a. [Text Box]
44. Explain how the activities in the grant funded project proposal will achieve the goals of the grant solicitation.
 - a. [Text Box]
45. Describe why this technology is expected to work for the problem being addressed in the project and cite results from publications, reports, preliminary pilot scale data/results, and etc. from previous studies supporting this expectation. Note: Previously published documentation may be downloaded to a FTP folder. Instructions on accessing and downloading publications to FTP folder are provided beginning at step 63 in the questionnaire.
 - a. [Text Box]
46. Describe how the success of the project will be evaluated, such as water quality monitoring, surveys, cost comparisons, and etc. Provide enough detail to indicate how the project will be monitored and how the information will be used to improve effectiveness. Define and describe project success criteria and how the scientifically robust method used will demonstrate success achievement.
 - a. [Text Box]
47. Are the field-testing periods of this project limited to a season or certain time of year? If yes, please elaborate below, if no, then mark "Not Applicable."
 - a. [Text Box]
48. Provide the estimated funding amounts and timeline for each grant step in the proposed project. Note: The preferred project duration is less than two years; however, longer durations are permissible with strong justifications.
 - a. [Text Box]
49. For prevention or clean-up technologies, please provide estimates of the technology performance and safety (if the technology involves potentially toxic substances, byproducts

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or waste), information used to support these estimates, and examples of where the innovative technology has been successfully used. If so, please specify the byproducts created below.

- a. [Text Box]
50. Will this project use any chemicals in surface waters? Type in “Yes”, “No” or “Not Applicable.” If “Yes”, describe the acute or chronic testing data and/or jar testing results that can be shared with the Department.
 - a. [Text Box]
- b. Does the project use innovative technologies/best management practices (BMPs)?
 - a. [Yes or no]
51. Has your technology previously been tested/used in the natural environment of Florida?
 - a. [Yes or no]
52. List other states and countries this technology has been tested and/or used in. If not used elsewhere, then indicate “Not Applicable”.
 - a. [Text Box]
53. Does your project use a new technology that was not previously or actively awarded funding through this program? [View past and current projects](#)
 - a. [Yes or no]
54. Does your project use a commercially available product?
 - a. [Yes or no]
55. Is the proposed technology developed specifically for HABs in freshwater/estuarine environments?
 - a. [Yes or no]
56. How does the technology provide benefits towards HAB mitigation?
 - a. [Text Box]
57. What other water quality benefits does this technology offer besides HAB mitigation?
 - a. [Text Box]
58. Please explain and describe how the project is innovative.
 - a. [Text Box]
59. For agricultural Best Management Practice (BMP) project proposals
 - a. Project is supported by both state and local grower associations.
 - b. Project complements an existing BMP project or U.S. Department of Agriculture (USDA) program or other federal financial support.
 - c. N/A.

Additional Documentation and Acknowledgements

60. You must agree to all the below terms and conditions to be eligible for this grant. Please acknowledge and check all of the below:
 - a. Grant will be for cost reimbursement; advance payment is not authorized.
 - b. Equipment, software and software license purchases exceeding \$5,000 in cost are not allowed under this program. Rental and lease of equipment is, however, allowed.
 - c. No reimbursements will be authorized for: The purchase of land, vehicles or boats; costs associated with travel to, attendance or presentation of research at any

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- conference or professional/scientific forum; or costs associated with publication of research or scientific papers in academic journals or training staff.
 - d. The total salary expenses will not exceed 30% of the requested state funding amount.
 - e. The Grantee's subcontractors will be selected in compliance with state law, competitive or sole source.
 - f. Acceptance of the Department's Quality Assurance Requirements for Grants (Exhibit D) to include the processing of samples in a National Environmental Laboratory Accreditation Conference (NELAC) certified laboratory.
 - g. The Department's standard contractual language has been reviewed by applicants' legal and procurement offices with the understanding that this language is not subject to applicant-initiated changes or modifications.
 - h. Acceptance of the Department's standard contractual language.
 - i. After entering into a standard grant agreement, the Grantee will submit a scientifically rigorous Quality Assurance Project Plan (QAPP) using the Department's template. The grantee will have up to three opportunities to submit a QAPP acceptable to the Department and must conform to this plan throughout the duration of the grant.
 - j. The applicant is an authorized representative of a local governmental entity or a non-profit organization. A governmental entity means a political subdivision or agency of the state such as a county, municipality, school district, nonprofit public university or college, special district, public authority, metropolitan or consolidated government, separate legal entity or administrative entity.
61. Review the Department's "Standard Terms and Conditions" and "Quality Assurance Requirements for Grants", provided below.
- a. [Standard Terms and Conditions](#)
 - b. [Quality Assurance Requirements for Grants](#)
62. Upload and complete the [HAB Innovative Technology Grant Application Funding Breakout Form](#).
63. Use the respective naming convention below to save the completed funding breakout form:
- a. EntityName_ProjectName_FundingBreakout
64. Go to the [FTP Upload Folder](#) and log in using the following password.
- a. Password: innovativetech
65. In the [FTP Upload Folder](#), select Add Files to download the completed funding breakout form. Before downloading the file, please ensure use of the naming convention from step 63. Additionally, follow the same naming convention guidelines by identifying the entity and project names when downloading schematics, published scientific articles, letters of support, written permissions from landowners, and other project proposal-related documents to the FTP download folder.
66. By choosing YES below, I hereby acknowledge that I have downloaded and completed the Funding Breakout Form, named it using the convention above, and saved it to the FTP download folder.
- a. Yes

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67. By choosing YES below, I hereby acknowledge that: (1) information submitted to the Department will become a public record; (2) submittal does not create an agreement, nor does it guarantee funding; (3) I understand the funding is available only to governmental, higher education, or nonprofit entities and I am or represent an eligible entity.

a. Yes

DRAFT