



# Water Quality Improvement 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

### *Project Details*

**DRAFT**

#### Contact Information

1. Contact Name
2. Address
3. City
4. State
5. Zip
6. Phone
7. Email
8. Secondary Contact Name
9. Secondary Contact Phone
10. Secondary Contact Email
11. Entity/Sponsor Name
12. Project Title (If requesting funding for only a single phase of a project, please include the phase name or number.)[10 word limit]
13. Please select all grant programs for which you seek to apply and are eligible:
  - a. Indian River Lagoon Water Quality Improvement Grant
  - b. Biscayne Bay Water Quality Improvement Grant
14. Project Description: [100 word limit] (Please provide a brief narrative of the project. The description should only state what activities would be funded with the grant. Additional context may be provided in the question below.)
15. Additional Background Information (Please provide any other context needed to understand the project (including additional phases) or why it is being completed.) [optional, 100 word limit]

### *Project Location*

16. Enter the county and/or counties in which the project is located:
17. Project location (coordinates or address):
18. What is the targeted waterbody for this project? (Can include downstream waters.)

19. Is the project benefiting a waterbody not attaining nutrient or nutrient-related water quality standards, including an area with a total maximum daily load (TMDL)? [View Map of Eligible Waters.](#)
- a. Yes – What is the name of the waterbody not attaining standards that this project benefits?
  - b. No
20. Is this project located within a basin management action plan (BMAP) area or a reasonable assurance plan area adopted by final order (RAP)? [View Map of BMAPs](#)  
[View Map of RAPs](#)
- a. Yes
    - i. *Dropdown to select from full list of BMAPs/RAPs*
    - ii. Is the project identified in the [Statewide Annual Report \(STAR\)](#)?
      1. No
      2. Yes
        - a. Please enter the project number as it appears in the Statewide Annual Report.
        - b. No
21. Is this project located within a Rural Area of Opportunity as defined in 288.0656, Florida Statutes? [Yes/No]

### ***Project Benefits***

22. Enter the project benefits in numeric form. If there is no benefit, the benefit is not known or the benefit is not calculable, enter "0."
- a. Water Quality Benefit
    - i. Total Nitrogen reductions (lbs/year):
    - ii. Total Phosphorus reductions (lbs/year):
    - iii. *(Reason if 0 entered above)*
  - b. Ancillary Water Quantity Benefit
    - i. Water made available within two years of project completion (MGD):
    - ii. Storage created upon project completion (MG):
  - c. Other benefits (If the project has benefits beyond water quality and/or water quantity, please explain. (e.g., ecological, wildlife/fisheries, or recreational benefits) [100 word limit])
  - d. Please provide a description of how the above benefits were calculated, including the name of the model or tool used, if applicable. For septic to sewer projects, please use the OSTDS Calculations for BMAPs tool found [HERE](#). [100 word limit]

### ***Funding Requests***

23. Have there been previous DEP funds committed to this project, or a phase of this project? [Yes/No] *(If yes, have questions a-d below)*

- a. Please provide the previous DEP grant agreement number(s) associated with this project:
  - b. DEP grant amount awarded previously: [numeric only]
  - c. Is this a new phase or expansion of the existing project or an increase request for a project or phase that has previously been awarded DEP funding? [dropdown]
    - i. New phase or expansion of treatment
    - ii. Increase request for a project or phase previously funded
  - d. Does this project have a multi-year project implementation schedule with previous state commitment and involvement? [Yes/No]
    1. *If yes:* Please outline the multi-year implementation schedule detailing any previously state funded phases of the project, the phase currently being requested with this project proposal, future phases of the project, including the projected timeline for full implementation of the completed project: [200 word limit]
24. Grant Amount Requested:
25. Local funds and/or cost share commitment:
- a. *If greater than zero:* Please list who is providing the contribution. Please include the amounts if there is more than one contributor. [100 word limit]
26. Does the grant amount requested include costs for preconstruction activities? (Design, permitting, surveys, etc.)
- a. No
  - b. Yes
    - i. Preconstruction Activities Amount:
    - ii. Please describe the activities that will be funded: [100 word limit]
27. Total project cost:
28. If the grant request is awarded, will construction/project implementation be able to move forward or will additional funds be needed from other sources? [dropdown]
- a. Yes, project can move forward
  - b. No, additional funds will be needed
29. Will the project be able to move forward if less grant funding than the requested amount is awarded? [Yes/No]
30. Describe how this project accomplishes its goals in an affordable, efficient, and effective manner. Please include any cost saving strategies incorporated into the planning/design of the project. [100 word limit]
31. Have you applied, or do you plan to apply, for funding for this project under any other grant programs on Protecting Florida Together this grant cycle? [Yes/No]
- a. *If Yes:* Please list the programs: [text]
32. Was a grant request submitted last year for this project through Protecting Florida Together under the Water Quality Improvement Grant? [dropdown]
- a. Yes
  - b. No
  - c. Not sure

33. If funding in future grant funding cycles could be committed by DEP, would you be willing and able to accept the grant award split up over multiple funding years? [Yes/No]
- a. *If yes:* Please provide a breakdown of grant amount needed by year, starting with this funding cycle:
    - i. First year:
    - ii. Second year:
    - iii. Third year:
    - iv. Fourth year:

### ***Proposed Project Readiness to Proceed***

34. Estimated design completion at the time of this proposal submittal?
- a. 0%
    - i. *If 0% is selected:* Will you be able to start and complete the design if you do not receive grant funding this year? [Yes/No]
  - b. 30%
  - c. 60%
  - d. 90%
  - e. 100%
  - f. No design required.
35. Estimated or actual completion date of design: [Date, *Question not needed if 'No design required' is selected in question above*]
36. Has all required permitting been completed?
- a. Yes
  - b. No
    - i. If No, please provide relevant status information for each permit not yet completed.
  - c. No permits required.
37. Approximately how long after a notice of grant award would construction (or project implementation, if not a construction project) begin? *Construction that is significantly delayed beyond this proposed timeline could result in the grant award being withdrawn.* [Dropdown]:
- a. Within 6 months
  - b. 7-12 months
  - c. 13-18 months
  - d. 19-24 months
  - e. More than 24 months
38. Estimated project end date:
39. Does this project have approval from a city council, county board or other governing board to move forward? [Yes/No/Not applicable]
40. Identify the parties responsible for operating and maintaining the proposed project and affirmatively state that there is a legal or other commitment to do so. [100 word limit]
41. Land Ownership Status (for construction projects only):
- a. Land has been acquired.

- b. Land is under a legal option to buy.
- c. Land has not been acquired, but a willing seller has been identified.
- d. A less-than-fee authorization (lease, easement, access agreement, etc.) has been acquired and explicitly allows for construction and access from the real property owner for the life of the project.
- e. Land will need to be acquired, but process has not started.
- f. Multiple parcels need to be acquired. Some have been acquired but process not complete.
- g. N/A (Not a construction project)

### ***Project Specific Information***

Please select from the following eligible project types for this grant program:

Dropdown box with:

- Septic-to-sewer
- Wastewater Treatment Facility Improvements
- Septic System Upgrades
- Stormwater Improvements
- Cooperative agricultural regional water quality improvement element in a BMAP
- Other Water Quality Projects

#### 42. Septic-to-Sewer

- a. If the project selected makes sewer connections available to properties currently served by onsite sewage treatment and disposal systems (OSTDS), please verify that you agree that you will provide notification of the availability of sewer and the requirement to connect within 365 days of the notification, per s. 381.00655, F.S. Proof of such notice will be required in the grant agreement following construction completion and prior to reimbursement.
  - i. [Check box: I agree]
- b. Will connections be required? Please note that this project will not be eligible for funding if hookups will not be required. [Yes/No]
- c. What is the facility ID for the receiving wastewater treatment facility?
- d. Does the receiving wastewater facility have *existing* facility capacity to accept the flow associated with this project? [Y/N]
  - i. Yes
  - ii. No
    1. When will the capacity of the facility be expanded?

- e. What is the current level of buy-in or approval from the neighborhood for sewer connections? [100 word limit]
  - f. Will the requested grant funding be used to subsidize the connections to central sewer? [Yes/No]
  - g. What other incentives are offered for hooking up to sewer, if any? [100 word limit]
  - h. Who will be responsible for the abandonment of OSTDS (septic tanks)?
    - i. Applicant
    - ii. Homeowner
  - i. How many septic systems will be abandoned as a result of this project?
  - j. How many connections will be made available to currently vacant parcels to prevent future septic systems?
  - k. How many of the OSTDS targeted by this project are on individual parcels of one acre or less?
  - l. Has the utility established a billing method associated with the new connections (e.g., plans to use potable use data)? [Yes/No]
  - m. Does the utility have a plan to ensure ongoing maintenance of the system for its usable life? [Yes/No]
  - n. Please select the project components that you are including in the grant request. Please note that impact fees (also referred to as infrastructure fees or capital fees) will not be included in any grant award: [multi-select options]
    - 1. Sewer main extension
    - 2. Lift station(s)
    - 3. Laterals and/or grinder stations
    - 4. Connection costs
    - 5. Other costs
      - a. Please explain: [100 word limit]
  - o. Is this funding request for a program to assist homeowners with converting from septic to sewer (no sewer main construction included in project)?
    - i. No
    - ii. Yes
      - 1. Is sewer currently available in the project area?
        - a. Yes
        - b. No
          - i. When is sewer projected to be available? [Date]
      - 2. Please describe the program, including any requirements, maximum reimbursement amount to the homeowners, and how payments will be made to homeowners. [Text – 100 word limit]
43. Wastewater Treatment Facility Improvements
- a. This is a: [select one]
    - a. Repair of like-for-like facility components
      - i. What is being proposed for repair?

- b. Enhanced nutrient reductions (such as an AWT upgrade)
  - i. What is being proposed for enhancement?
- c. Expansion of facility capacity
- d. Construction of new facility
- e. Other (if none of the above are applicable)
  - i. Please specify:
- b. What is the advanced waste treatment (AWT) status of the facility [as defined in 403.086(4) F.S.]?
  - a. Facility already meets AWT standards
  - b. This project is to upgrade to AWT
  - c. Facility will not meet AWT standards following this project
- c. What is the facility ID?
- d. What was this facility's annual average Total Nitrogen (mg/L) last year?
- e. What was this facility's annual average Total Phosphorus (mg/L) last year?
- f. What was this facility's annual average daily flow last year (MGD)?
- g. What is the current permitted disposal method(s), by percent utilized last year if more than one?
  - iii. Underground Injection [box]%
  - iv. Land Application [box]%
  - v. Groundwater Recharge [box]%
  - vi. Surface Water discharge [box]%
  - vii. Industrial Reuse [box]%
- p. Would this project change the disposal method above? [yes/no]
  - i. If yes, how:
- h. Following any proposed treatment upgrades, what will be this facility's estimated average effluent concentrations of Total Nitrogen (mg/L)?
- i. Following any proposed treatment upgrades, what will be this facility's estimated average effluent concentrations of Total Phosphorus (mg/L)?
- j. Does the project accommodate and consider growth?
  - a. Yes
    - i. To what year in the future was growth evaluated?
  - b. No
- k. Will this project assist the project sponsor in complying with any of the following statutory deadlines? [multi-select]
  - a. SB 64 (2021) to eliminate surface water discharges by Jan. 1, 2032, where applicable (s. 403.064(17), F.S.)
  - b. SB 1379 (2023) to meet AWT by Jan. 1, 2033, where applicable (s. 403.086(1)(c)3, F.S.)
  - c. HB 1557 (2024) to meet AWT for reuse irrigation or land application by July 1, 2034, where applicable (s. 403.086(1)(c)3, F.S.)
    - i. If any of the above are selected, describe how the project assists the sponsor in complying with each of the above selected statutory deadlines.[150 word limit]

1. Does the project include reuse or collection system repair, expansion, or construction?
  - a. No
  - b. Yes
    1. Is this for a collection system? [Yes/No]
    2. Is this for a reuse system? [Yes/No]

#### 44. Septic System Upgrades

- a. Are the advanced, nutrient-reducing systems being implemented approved by the department as capable of meeting or exceeding a 50% total nitrogen reduction before disposal of wastewater in the drainfield, or at least 65% total nitrogen reduction combined from onsite sewage tank or tanks and drainfield or other wastewater system that can reduce total nitrogen by 65%? (Yes/No)
- b. How many OSTDS systems will be upgraded?
- c. Will the applicant be replacing the systems on behalf of homeowners? [Yes/No]
- d. Will the applicant be using grant funds to offer a grant program to eligible homeowners to install individual enhanced, nutrient reducing OSTDS? [yes/no]
  - i. If yes: Please describe the grant program, including maximum grant reimbursement amount and any eligibility requirements: [100 word limit]
- e. What type of system is being proposed for installation? [select all that apply]
  - i. Inground nitrogen-reducing biofilter (INRB) 65% nitrogen reduction (includes drainfield).
  - ii. Nitrogen-reducing aerobic treatment units (ATUs) (NSF 245): at least 50% nitrogen reduction required before discharge to drainfield for a 24-inch water table separation, at least 65% nitrogen reduction by ATU before discharge to drainfield required if the water table separation is less than 24 inches.
  - iii. Nitrogen-reducing performance-based treatment systems (PBTS): at least 50% nitrogen reduction required before discharge to drainfield for a 24-inch water table separation, at least 65% nitrogen reduction before discharge to drainfield required if the water table separation is less than 24 inches.
- f. Who will be responsible for continued operations and maintenance? [100 word limit]

#### 45. Stormwater Improvements

- a. What is the size of the drainage basin for the stormwater project, in acres?
- b. Are you repairing, upgrading, expanding, or constructing?
- c. Please select all the stormwater types that apply to this project:
  - i. Retention/detention
  - ii. Swales
  - iii. Constructed or improved wetland

- iv. Baffle boxes
- v. Shoreline stabilization
- vi. Living shoreline
- vii. Rain gardens, green roofs, tree boxes, or vegetated buffers
- viii. Hydrologic restoration
- ix. Stormwater Treatment Area
- x. Chemical or biological treatment (e.g., flocculent, filter media)
- xi. Other: (text)

46. Cooperative agricultural regional water quality improvement element in a BMAP
- a. Please provide details on how the element will be implemented, including eligibility and cost share requirements, eligible Best Management Practices (BMPs), etc.: [250 word limit]
47. Other Water Quality Project (Not captured by other project types)
- a. Does the project fall within the below project types:
    - a. Habitat Restoration
    - b. Water Quality Characterization
    - c. Not Applicable
  - b. Please describe how the project improves water quality. [100 word limit]

### ***Additional Information***

48. Is there a public outreach component to the project?
- a. If yes, describe. Include key messages and target audience. [100 word limit]
  - b. No
49. Will any monitoring or modeling be included in the project? If so, provide details (e.g., number of sites, proposed locations, description of what will be monitored or modeled, etc.). [100 word limit]
50. Are any innovative technologies being used in the project? If so, provide details (e.g., links to information on technology or methodology, etc.). [100 word limit]
51. Is any restoration included in the project? If so, provide details (e.g., species, habitats, etc.). [100 word limit]
52. Please provide any additional information that would be beneficial in evaluating the project. [150 word limit]

If you would like to submit any supplemental documents, please email them to [DWRAFundingPortal@floridadep.gov](mailto:DWRAFundingPortal@floridadep.gov) being sure to include the Project Title in the subject line.