

AGRICULTURAL COST-SHARE APPLICATION, FY 21/22

INSTRUCTIONS FOR USE OF THIS FORM:

This form is to help submit a complete application for the District-wide Agricultural Cost-Share Program organized by the St. Johns River Water Management District (SJRWMD). Applicants may use this form to propose a water conservation project and/or a nutrient reduction project on their agricultural operation and be considered for cost-share funding.

Please complete each applicable section. Incomplete applications, including those without vendor quotes, will not be considered. See Section G-4 for required attachments.

A.	Basic Information (all applicants)		
A-1	Name of Business/Farm:		
A-2	Applicant		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
	Office Phone: ()	Mobile Phone: ()	
A-3	Contact (if other than applicant)		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
A-4	Property Owner (if other than applicant)		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
A-5	SJRWMD Permit Information:		
	If the applicant has an SJRWMD-issued Consumptive Use Permit and or an Environmental Resource Permit, complete the section below.		
	Permit Type	Permit Number	Expiration Date
	Does the applicant have flow meters installed on the wells for the project area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, please include this as a cost in Section G-1.		
A-6	Does the applicant have at least three years of experience owning or managing the subject farm or a similar farm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A-7	Briefly describe the project. What is the <u>current</u> practice and what is being <u>proposed</u> ? Will this be a multi-phase project? If so, will there be benefits upon the completion of the phase to be completed under this application?		

B.	Property Information (all applicants)																																				
B-1	<p>Identify all parcels within the project area: County and Parcel ID(s):</p> <p>Nearest road/intersection: _____</p> <p>The project/practice area is:</p> <p> <input type="checkbox"/> Owned by applicant <input type="checkbox"/> Leased by applicant <input type="checkbox"/> Applicant has legal control </p> <p><input type="checkbox"/> Copy of deed, lease, or other legal conveyance is attached. Years of control: _____</p>																																				
B-2	<p>Production Information — Please provide information on the total operational area and the specific project area. Provide maps with the total operational areas, proposed project areas, crop areas, wells and reservoirs highlighted. The project area may be smaller than the full operational area. Please include tax parcel number(s) on all maps. This section is being used to score your nutrient reduction credits. Please complete entire section.</p> <div> <div> <p>Total acreage of operation: _____</p> <p>Irrigated acreage: _____</p> <p>Fertilized acreage: _____</p> <p>General crop types: _____</p> </div> <div> <p>Number and types of animals if any: _____</p> <p>Current irrigation system(s): _____</p> </div> </div> <p>Existing water management system: _____</p> <p>Months of year irrigated: _____</p> <p>Months of year fertilized: _____</p> <p>Project Area: _____</p> <p>Total project acreage (specific to this cost-share application) _____ acres</p> <p>Please complete the table below with acreage and weeks in production for each crop raised on fields included in application. If a change in crop is proposed, please indicate current crop and proposed crop.</p> <table border="1"> <thead> <tr> <th>Crop Type</th><th>Acreage</th><th>Plant Date</th><th>Date harvest complete</th><th>Irrigated Y/N</th><th>Fertilized Y/N</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Are any of the crops listed above double cropped in the same area? If so, which ones?</p> <p>If you have had a recent Mehlich soil test completed, what were the results for any fields included in the application?</p>	Crop Type	Acreage	Plant Date	Date harvest complete	Irrigated Y/N	Fertilized Y/N																														
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	<p>Are there any fertilizer factors that you would like us to consider in determining your nutrient reductions for this application? Please indicate with a "C" for current and "P" for proposed.</p> <table border="0"> <tr> <td><input type="checkbox"/> Fertigation</td> <td><input type="checkbox"/> Foliar nutrient applications</td> </tr> <tr> <td><input type="checkbox"/> Cover crops</td> <td><input type="checkbox"/> Controlled release products</td> </tr> <tr> <td><input type="checkbox"/> Reduced fertilizer rates due to biosolids</td> <td><input type="checkbox"/> Plastic mulch</td> </tr> <tr> <td><input type="checkbox"/> Grid soil sampling</td> <td><input type="checkbox"/> Test water for N and P content</td> </tr> <tr> <td><input type="checkbox"/> Plant tissue testing</td> <td><input type="checkbox"/> Split fertilizer applications</td> </tr> <tr> <td><input type="checkbox"/> Preplant and/or nutrient injection application</td> <td><input type="checkbox"/> Filter strips at edge of field</td> </tr> <tr> <td><input type="checkbox"/> Zone maps made by remote sensing or drone</td> <td><input type="checkbox"/> Crop yield mapping</td> </tr> <tr> <td><input type="checkbox"/> Biosolids application</td> <td><input type="checkbox"/> Compost application</td> </tr> <tr> <td><input type="checkbox"/> Calibrate fertilizer equipment</td> <td><input type="checkbox"/> Locate fertilizer loading away from water bodies</td> </tr> </table> <p>Other: Please describe.</p>	<input type="checkbox"/> Fertigation	<input type="checkbox"/> Foliar nutrient applications	<input type="checkbox"/> Cover crops	<input type="checkbox"/> Controlled release products	<input type="checkbox"/> Reduced fertilizer rates due to biosolids	<input type="checkbox"/> Plastic mulch	<input type="checkbox"/> Grid soil sampling	<input type="checkbox"/> Test water for N and P content	<input type="checkbox"/> Plant tissue testing	<input type="checkbox"/> Split fertilizer applications	<input type="checkbox"/> Preplant and/or nutrient injection application	<input type="checkbox"/> Filter strips at edge of field	<input type="checkbox"/> Zone maps made by remote sensing or drone	<input type="checkbox"/> Crop yield mapping	<input type="checkbox"/> Biosolids application	<input type="checkbox"/> Compost application	<input type="checkbox"/> Calibrate fertilizer equipment	<input type="checkbox"/> Locate fertilizer loading away from water bodies
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C-1	<p>Please indicate with a "C" for current and a "P" for proposed equipment to be used in this project:</p> <table border="0"> <tr> <td><input type="checkbox"/> Surface Drip Irrigation</td> <td><input type="checkbox"/> Micro-Irrigation</td> </tr> <tr> <td><input type="checkbox"/> Center-pivot or Linear Move Overhead</td> <td><input type="checkbox"/> Sub-irrigation Drain Tile</td> </tr> <tr> <td><input type="checkbox"/> Enhanced Seep (Sub-surface Drip)</td> <td><input type="checkbox"/> Tailwater Recovery and Reuse</td> </tr> <tr> <td><input type="checkbox"/> Irrigation Retrofit</td> <td><input type="checkbox"/> Over Saran Irrigation for Freeze Protection</td> </tr> <tr> <td><input type="checkbox"/> Soil Moisture and Climate Sensor Telemetry</td> <td><input type="checkbox"/> Precision Agriculture Equipment</td> </tr> <tr> <td><input type="checkbox"/> Fertilizer Application Equipment with GPS</td> <td><input type="checkbox"/> Variable Frequency Drive (VFD) for pump</td> </tr> <tr> <td><input type="checkbox"/> Rainwater Harvesting</td> <td><input type="checkbox"/> Surface Water Irrigation Pumps/Filters</td> </tr> <tr> <td><input type="checkbox"/> Expanded Waste Storage</td> <td><input type="checkbox"/> Pump Automation</td> </tr> </table> <p>Other:</p> <p>Sub-irrigation drain tile funding will be capped at \$4,500/acre for a payout of up to \$3,375/acre.</p>	<input type="checkbox"/> Surface Drip Irrigation	<input type="checkbox"/> Micro-Irrigation	<input type="checkbox"/> Center-pivot or Linear Move Overhead	<input type="checkbox"/> Sub-irrigation Drain Tile	<input type="checkbox"/> Enhanced Seep (Sub-surface Drip)	<input type="checkbox"/> Tailwater Recovery and Reuse	<input type="checkbox"/> Irrigation Retrofit	<input type="checkbox"/> Over Saran Irrigation for Freeze Protection	<input type="checkbox"/> Soil Moisture and Climate Sensor Telemetry	<input type="checkbox"/> Precision Agriculture Equipment	<input type="checkbox"/> Fertilizer Application Equipment with GPS	<input type="checkbox"/> Variable Frequency Drive (VFD) for pump	<input type="checkbox"/> Rainwater Harvesting	<input type="checkbox"/> Surface Water Irrigation Pumps/Filters	<input type="checkbox"/> Expanded Waste Storage	<input type="checkbox"/> Pump Automation		
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C-2	<p>What information will you be able to provide to demonstrate water quality, water conservation, and/or other outcomes of the proposed project?</p> <p><input type="checkbox"/> Record of reductions in N and/or P applications (lbs/yr) <input type="checkbox"/> Record of reductions in water use (gal/yr)</p> <p><input type="checkbox"/> Mobile Irrigation Lab (MIL) follow-up evaluation</p> <p><input type="checkbox"/> Other:</p>																		
C-3	<p>Compliance:</p> <p>Is the agricultural operation in compliance with all applicable federal, state, and local laws, rules and regulations, SJRWMD rules and regulations (including, but not limited to, Land Management rules), SJRWMD-issued permits and SJRWMD funding agreements? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, explain how this project will bring the operation into compliance:</p>																		

D.	Project Information																		
D-1	<p>Description of Project or Practice</p> <p>Identify the wells (SJRWMD or user IDs) that will be included in the project:</p> <p>Current pump capacity:</p> <p>For irrigation projects, please help us understand your irrigation practices. Select the following practices being used or proposed as part of the project.</p> <table border="0"> <tr> <td>Flow meter</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> <tr> <td>Weather station</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> <tr> <td>Pump automation</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> <tr> <td>Land Leveling</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> <tr> <td>Ditch control structures</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> <tr> <td>Soil Amendments</td> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> Proposed</td> </tr> </table> <p>Describe the current practices at the site for soil moisture monitoring and irrigation scheduling. Options can include:</p> <ul style="list-style-type: none"> • visual crop stress • soil moisture — NRCS feel method, moisture probe, gypsum block • Irrigation scheduling — checkbook or irrigation scheduler, pan evaporation method or atmometer for field, irrigation scheduling via regional weather network • Continuous measurement of soil moisture, water applied, and evapotranspiration <p>Describe the proposed practices, if applicable, at the site for soil moisture monitoring and irrigation scheduling.</p>	Flow meter	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed	Weather station	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed	Pump automation	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed	Land Leveling	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed	Ditch control structures	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed	Soil Amendments	<input type="checkbox"/> Current	<input type="checkbox"/> Proposed
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D-2	<p>Best Management Practices:</p> <p>Is the agricultural operation enrolled in FDACS best management practices (BMPs)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If currently enrolled, please provide NOI enrollment number(s) and commodity type(s):</p> <p>_____</p> <p>_____</p> <p>If no, is the agricultural operation willing to enroll in FDACS best management practices? Enrollment is required in order to receive SJRWMD cost-share funding.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		
D-3	<p>Demonstration Site</p> <p>Is the applicant willing to host and participate in educational/demonstration activities on the project site at reasonable times and under reasonable conditions?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		

E.	For Surface Water Irrigation and/or Rainwater Harvesting		
E-1	Is the reservoir or surface water body existing or proposed? What is the source water for the proposed reservoir?		
E-2	Size of the reservoir or surface water body	Acres:	Avg. Water Depth (ft):
E-3	Proposed residence time of the reservoir? Rate of inflows: Rate of outflows: Elevation of normal high groundwater table:		
E-4	Proposed pump stations (complete information for each station individually)		
	1. <input type="checkbox"/> New	<input type="checkbox"/> Replacement	Yield (gallons per minute):
	Justification:		
	Location:		
	Pipeline diameter and length needed to connect into existing irrigation system mainline		
	Diameter:	Length:	
	2. <input type="checkbox"/> New	<input type="checkbox"/> Replacement	Yield (gallons per minute):
	Justification:		
	Location:		
	Pipeline diameter and length needed to connect into existing irrigation system mainline		
	Diameter:	Length:	
F.	Project/Practice Timing of Implementation		
F-1	Include anticipated start times for each component as applicable. Attach implementation schedule to this application, adding additional components as necessary. Statements of Work will be developed as a result of these timelines, so please be as specific as possible. Keep in mind, that projects are subject to approval and funds will be available starting October 1, 2021.		
	Preliminary Design: <input type="checkbox"/> Completed <input type="checkbox"/> Within 3–6 months of contract execution <input type="checkbox"/> Upon contract execution <input type="checkbox"/> Within 6–9 months of contract execution <input type="checkbox"/> Within 3 months of contract execution <input type="checkbox"/> N/A		
	Purchase of equipment/materials/supplies: <input type="checkbox"/> Completed <input type="checkbox"/> Within 3–6 months of contract execution <input type="checkbox"/> Upon contract execution <input type="checkbox"/> Within 6–9 months of contract execution <input type="checkbox"/> Within 3 months of contract execution <input type="checkbox"/> N/A		
	Construction/installation: <input type="checkbox"/> Upon contract execution <input type="checkbox"/> Within 6–9 months of contract execution <input type="checkbox"/> Within 3 months of contract execution <input type="checkbox"/> Within 9–12 months of contract execution <input type="checkbox"/> Within 3–6 months of contract execution <input type="checkbox"/> N/A		
	Implementation: <input type="checkbox"/> Within 3 months of contract execution <input type="checkbox"/> Within 9–12 months of contract execution <input type="checkbox"/> Within 3–6 months of contract execution <input type="checkbox"/> A year or more after contract execution <input type="checkbox"/> Within 6–9 months of contract execution		

F-2	Project/Practice Maintenance If funded, maintenance will be a requirement of the contract. Describe the continuing management/maintenance needed to ensure that the project/practice functions as designed/intended. (Applicant is responsible for maintenance costs).													
F-4	Permitting: Participation in the cost-share program for certain projects, including those that result in changes in source or conversion to a more efficient irrigation method will require a Consumptive Use Permit (CUP) modification. Please acknowledge that you understand that a reduction in allocation (for the project area only) may occur as a result of this project. If a reduction does occur, a backup allocation will be granted for up to five years in order to assess the new water source, irrigation system and/or technology. Flow meters are required for all project funded by cost-share and must be included in the request if you do not already have one. Silver Springs Minimum Flows and Levels Cost-share recipients who are subject to the Prevention Strategy for the Silver Springs Minimum Flows and Levels with a project that will create a resource benefit that could be used to offset impacts from their existing permitted water use as of April 12, 2017, will be required to designate the water resource as a receiving entity of any excess benefit up to a maximum of the percentage of funding provided by the District for the project, and to modify their Consumptive Use Permit(s) accordingly. <input type="checkbox"/> Yes, I understand that my CUP will be reviewed, and I may be required to modify my CUP to incorporate changes to water demand and/or water source that will occur as a result of this project. I also understand that a flow meter must be part of my project request, if I do not currently have one.													
G.	Project/Practice Cost and Cost-Share Request (all applicants)													
G-1	Cost Breakdown – Please attach itemized quotes from vendors. Construction costs do not include planning, permitting, bidding or the acquisition of land for the project. Please check your amounts to ensure they correctly add to the total project cost, not including future operation and maintenance costs. Please note that the cost-share program is based on reimbursement and the recipient is responsible for submitting proof of payment. <table border="1" data-bbox="183 1438 1513 1942"> <tr> <td data-bbox="183 1438 560 1501">Design</td> <td data-bbox="560 1438 1513 1501">\$</td> </tr> <tr> <td data-bbox="183 1501 560 1575">Construction</td> <td data-bbox="560 1501 1513 1575">\$</td> </tr> <tr> <td data-bbox="183 1575 560 1659">Equipment</td> <td data-bbox="560 1575 1513 1659">\$</td> </tr> <tr> <td data-bbox="183 1659 560 1806">Flow Meter (if you do not currently have a flow meter, please include the cost of a flow meter and installation)</td> <td data-bbox="560 1659 1513 1806">\$</td> </tr> <tr> <td data-bbox="183 1806 560 1879">Other</td> <td data-bbox="560 1806 1513 1879">\$</td> </tr> <tr> <td data-bbox="183 1879 560 1942">Total</td> <td data-bbox="560 1879 1513 1942">\$</td> </tr> </table>		Design	\$	Construction	\$	Equipment	\$	Flow Meter (if you do not currently have a flow meter, please include the cost of a flow meter and installation)	\$	Other	\$	Total	\$
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Construction	\$													
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Other	\$													
Total	\$													

G-2	Cost-Share Request	
	Cost-share amount requested (a minimum of 25% of the total cost must be financed by the applicant):	
	Cost-share from other sources such as FDACS, NRCS. Total funded amount must not exceed 75%. (List sources below):	
	Applicant's contribution:	
	Total Project Cost:	
	Applicants are encouraged to seek additional sources of funding. Will you be requesting, or have you requested, funds from other local, state, or federal programs for the proposed project(s)/practices(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide funding source(s) and amount(s):	
	Source: Amount: <input type="checkbox"/> Granted <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Source: Amount: <input type="checkbox"/> Granted <input type="checkbox"/> Pending <input type="checkbox"/> Denied
Have you received SJRWMD funding previously for the same project? Similar projects on different fields do not apply to this question. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide funding source(s) and amount(s):		
G-3	Unit Production Cost SJRWMD staff will use the information provided in this application to calculate cost/1,000 gallons water conserved/produced and/or cost per pound of N and/or P reductions each year. Please include any additional information that may be unique to this project or site that you want us to know.	
G-4	Documents – Provide the following:	
	Aerial photo or map depicting property and project boundaries ; water use permit boundaries; environmental resource permit boundaries; well locations; existing surface water bodies; water control structures; and all proposed project components already existing, including pump stations, pipelines, structures, and reservoirs.	<input type="checkbox"/> Attached
	Itemized quotes detailing vendor names, costs of design, construction, equipment, labor and any other applicable costs.	<input type="checkbox"/> Attached
	Lease, Deed or Other Legal Conveyance	<input type="checkbox"/> Attached
	Copy of MIL evaluation completed within past three years, if available	<input type="checkbox"/> Attached
G-5	Does any person, party or entity other than the Applicant have a financial interest in the project, the property associated with the project or with any party that may profit financially from this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the parties and interests: _____ _____	

Applicant Certification

Applicant Name (please print): _____

If a business entity, list name registered with the Florida Department of State.

☐ Florida Corporation ☐ Florida General Partnership ☐ Florida Limited Liability Company

☐ Florida Limited Partnership ☐ Foreign Corporation/Partnership ☐ Trust

☐ Other: _____

If a business entity, list name as registered with the Florida Department of State, Division of Corporations. Attach verification ("Detail by Entity Name" sheet) the business entity is currently active to operate in Florida. The Detail by Entity Name sheet can be downloaded at www.sunbiz.org, then select Search our Records, then select Inquire by Name. Select your business entity and then select the Detail Sheet for your business entity.

I hereby certify that the information contained in this application, and the attachments thereto, is true and accurate, and that I have legal authority to undertake the activities described herein and to execute this application.

Applicant	Signature	Date
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Name and title if signing as business entity (please print)

Is the applicant the landowner? ☐ Yes ☐ No

If "No," what is the applicant's relationship to the landowner? _____

Complete this part if the applicant is not the property owner:

I hereby certify that the applicant has sufficient legal control of the project area to construct and operate the project.

Name of property owner (please print)

Signature of property owner

Date