

DISTRICTWIDE AGRICULTURAL COST-SHARE APPLICATION FY 25-26

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 be considered for cost-share funding. To be eligible for program funding, the proposed project must benefit the resource by conserving water, making water available, and/or reducing nutrient run-off.

SECTION I – CONTACT INFORMATION

1. NAME OF AGRICULTURAL OPERATION

NAME:

2. APPLICANT

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

3. OWNER (If different from applicant)

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

SECTION II – TERMS

1. EXPERIENCE:

Does the applicant have at least three years of experience owning or managing the subject farm/ranch or a similar farm/ranch? YES NO

2. COMPLIANCE:

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, SJRWMD Land Management rules), SJRWMD-issued CUP and ERP permits and SJRWMD funding agreements)? YES NO

3. MOBILE IRRIGATION LAB (MIL):

Does the applicant agree to a mobile irrigation lab (MIL) audit and water quality monitoring if requested by SJRWMD? YES NO

4. BEST MANAGEMENT PRACTICES:

Is the agricultural operation enrolled in FDACS Best Management Practices (BMPs)?
YES NO NO

Manual(s) and NOI (Notice of Intent) number:

5. CUP DISCLAIMER:

Participation in the cost-share program for certain projects, including those that result in a change of source of water or a conversion to a more efficient irrigation method may require a Consumptive Use Permit (CUP) modification.

Outstanding Florida Springs Minimum Flows and Levels

Cost-share recipients who are subject to any Minimum Flows and Levels (MFLs) and/or Outstanding Florida Springs (OFS) criteria and are proposing a project that will create a resource benefit that could be used to offset impacts from their existing permitted water use, 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 SJRWMD for the project, and to modify their Consumptive Use Permit(s) accordingly. Please acknowledge that you understand that a reduction in allocation (for the project area only) may occur as a result of this project. Flow meters are required for all projects funded by cost-share and must be included in the request if you do not already have one.

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. YES NO

6. THIRD PARTY INTERESTS:

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? YES NO

If yes, list the parties and interests:

SECTION III – PROPERTY INFORMATION

1. PARCEL INFORMATION

Parcel is located within the following county/counties:

Only list the parcels the proposed project will be on.

Field Name	Owned/ Leased Acres	Irrigated Acres	Fertilized Acres	County Parcel Identification Number or Section, Township, Range

Is the area currently in production? Note: Projects to expand into new areas will not be considered, except for surface water projects. YES NO

2. MAP:

Submit a map showing:

- A. The legal boundaries of the property owned or controlled by the permittee/applicant.
- B. The area on the property that is being or will be irrigated.
- C. The area on the property that is being or will be fertilized.
- D. The area on the property that each crop is grown.
- E. The area of the proposed project.

3. SJRWMD PERMIT INFORMATION

Please list ALL Consumptive Use Permits applicable to this cost share application. (Go to [St Johns River Water Management District Permit Search](#) for help identifying your permits):

CUP	Expiration Date

SECTION IV – CROP INFORMATION

1. CULTIVATED CROPS:

Does this project involve a crop change? Yes No

Current/Previous Crop:

Future/Planned Crop:

Only list the crops that will be grown in the area of the proposed project.

Crop Type	Earliest Planting Date (mo/day)	Latest Harvest Date (mo/day)	Irrigation Method	Acres	Freeze Protection Method (if applicable)

SECTION IV – PROPOSED PROJECT/PRACTICE

1. PROJECT DESCRIPTION:

a. Please briefly describe the **current agricultural** practices

b. Please describe the **proposed agricultural** project or practice.

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. (Applicants are responsible for maintenance costs).

3. PROJECT TYPE:

Please mark any equipment to be used in this project.

	Current	Proposed
Micro-Spray Irrigation		
Surface Drip Irrigation		
Center-pivot or Linear Move Overhead		
Sub-irrigation Drain Tile		
Enhanced Seep (Sub-surface Drip)		
Tailwater Recovery and Reuse		
Irrigation Retrofit		
Over Saran Irrigation for Freeze Protection		
Soil Moisture and Climate Sensor		
Telemetry Precision Agriculture Equipment		
Fertilizer Application Equipment with GPS		
Variable Frequency Drive (VFD) for pump		
Rainwater Harvesting		
Surface Water Irrigation Pumps/Filters		
Pump Automation		
Other:		

4. FERTILIZER INFORMATION

	Current	Proposed
Fertigation		
Foliar Nutrient Applications		
Controlled/Slow-Release Products		
Split Fertilizer Applications		
Preplant and/or Nutrient Injection Application		

5. ADDITIONAL IRRIGATION INFORMATION (for irrigation projects only):

For irrigation projects, select the following practices as part of the project.

Current Proposed

- Flow meter
- Weather Station
- Pump Automation
- Land Leveling
- Ditch Control Structures
- Soil Amendments
- Current age of existing Irrigation System
- Current condition of existing Irrigation System

6. SURFACE WATER IRRIGATION/RAINWATER HARVESTING (for surface water projects only)

- a) Is the reservoir or surface water body existing or proposed? Existing Proposed
- b) What is the source of water for the proposed reservoir?
- c) What is the intake pipe diameter?

Source Name	Acres	Avg. Water Depth (ft):	Rate of inflows:	Rate of outflows:	Elevation of normal high groundwater table:

SECTION V – PROPOSED PROJECT TIMELINE

1. PROJECT TIMING

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. Projects are subject to Governing Board approval and funds will be awarded on a first-come, first-served basis based on funding availability.

Preliminary Design:

- Completed Within 9-12 months of contract execution
- Within 3 months of contract execution A year or more after contract execution
- Within 3-6 months of contract execution N/A
- Within 6-9 months of contract execution

Purchase of equipment/materials/supplies:

- Within 3 months of contract execution Within 9-12 months of contract execution
- Within 3-6 months of contract execution A year or more after contract execution
- Within 6-9 months of contract execution N/A

Construction/installation:

- Within 3 months of contract execution Within 9-12 months of contract execution
- Within 3-6 months of contract execution A year or more after contract execution
- Within 6-9 months of contract execution N/A

Implementation:

- Within 3 months of contract execution Within 9-12 months of contract execution
- Within 3-6 months of contract execution A year or more after contract execution
- Within 6-9 months of contract execution N/A

SECTION VI – PROPOSED PROJECT COST

1. PROJECT COST:

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	\$

2. COST SHARE REQUEST:

Cost-share amount requested (a minimum of 25% of the total cost must be financed by the applicant):	\$
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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)? Yes No If yes, provide funding source(s) and amount(s):

Source	Amount (\$)	Granted	Pending	Denied
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you requested SJRWMD funding previously for the same project? Similar projects on different fields do not apply to this question. Yes No If yes, provide funding source(s) and amount(s).

Source	Amount (\$)	Granted	Pending	Denied

SECTION VII – CHECKLIST

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"/>
Itemized quotes detailing vendor names, costs of design, construction, equipment, labor and any other applicable costs.	<input type="checkbox"/>
Lease, Deed or Other Legal Conveyance	<input type="checkbox"/>
Copy of MIL (Mobile Irrigation Lab) evaluation completed within past 3 years, if available. Having an MIL audit completed will allow for a more accurate evaluation of the current system efficiency and likely increase the chances of obtaining funding.	<input type="checkbox"/>

SECTION VII – APPLICANT CERTIFICATION

APPLICANT NAME (PLEASE PRINT):

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

<input type="checkbox"/>	Florida Corporation	<input type="checkbox"/>	Foreign Corporation/Partnership
<input type="checkbox"/>	Florida General Partnership	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Florida Limited Liability Company	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Florida Limited Partnership	<input type="checkbox"/>	

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.

If approved, I understand that only expenses incurred after the resulting contract has been signed by both parties will be eligible for cost-share reimbursement.

Applicant Signature

Date

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