Silver Springs Springshed Agricultural BMP Cost-Share Application

INSTRUCTIONS FOR USE OF THIS FORM:
This form is to help submit a complete application for the Silver Springs Agricultural BMP 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? ☐ Yes ☐ 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? ☐ Yes ☐ No		
A-7	Briefly describe the project. What is the current practice and what is being proposed?		

B.	Property Information (all applicants)
B-1	**Identify all parcels within the project area:** **County and Parcel ID(s):**
	Nearest road/intersection: _____ The project/practice area is: ☐ Owned by applicant ☐ Leased by applicant ☐ Applicant has legal control ☐ Copy of deed, lease, or other legal conveyance is attached. Years of control:
B-2	**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.**

Total acreage of operation:
Irrigated acreage:
Fertilized acreage:
General crop types:

Number and types of animals if any:

Current irrigation system(s):

Existing water management system:

Months of year irrigated:
Months of year fertilized:

Project Area:

Total project acreage (specific to this cost share application) _____ acres
Please complete the table below with acreage and weeks in production for each crop raised on fields included in application.

Crop Type	Acreage	Plant Date	Date harvest complete	Irrigated Y/N	Fertilized Y/N

Are any of the crops listed above double cropped in the same area? If so, which ones?

If you have had a recent Mehlich soil test completed, what were the results for any fields included in the application?

Are there any fertilizer factors that you would like us to consider in determining your nutrient reductions for this application? Please check all that apply.

_____ Fertigation
_____ Cover crops
_____ Reduced fertilizer rates due to biosolids
_____ Grid soil sampling
_____ Plant tissue testing
_____ Preplant and/or nutrient injection application
_____ Zone maps made by remote sensing or drone
_____ Calibrate fertilizer equipment
_____ Foliar nutrient applications
_____ Controlled release products
_____ Plastic mulch
_____ Test water for N and P content
_____ Split fertilizer applications
_____ Filter strips at edge of field
_____ Crop yield mapping
_____ Locate fertilizer loading away from water bodies

Other: Please describe.

C. Proposed Equipment

C-1 Check the equipment to be used in this project:

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

Other:

Sub-irrigation drain tile funding will be capped at $3,859.55/acre for a payout of up to $2,894.66/acre.

C-2 What information will you be able to provide to demonstrate water quality, water conservation, and/or other outcomes of the proposed project?

☐ Record of reductions in N and/or P applications (lbs/yr)
☐ Record of reductions in water use (gal/yr)
☐ Mobile Irrigation Lab (MIL) follow-up evaluation
☐ Other:

C-3 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, Land Management rules), SJRWMD-issued permits and SJRWMD funding agreements? ☐ Yes ☐ No

If no, explain how this project will bring the operation into compliance:

D.	Project Information
D-1	Fully describe what the project is in context of the normal operations. Have other water conservation/nutrient reduction projects been implemented onsite? Where is the proposed project located in relation to other crops? How does the project have significant improvement?
D-2	**Description of Project or Practice**
	Identify the wells (SJRWMD or user IDs) that will be included in the project:
	Current pump capacity:
	For irrigation projects, please help us understand your irrigation practices. Describe the **current** practices at the site for soil moisture monitoring and irrigation scheduling. Options can include: • 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 Describe the **proposed** practices, if applicable, at the site for soil moisture monitoring and irrigation scheduling.
D-3	**Best Management Practices:** Is the agricultural operation enrolled in FDACS best management practices (BMPs)? ☐ Yes ☐ No 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. ☐ Yes ☐ No
D-4	**Demonstration Site**

	Is the applicant willing to host and participate in educational/demonstration activities on the project site at reasonable times and under reasonable conditions? ☐ Yes ☐ No		
E.	**For Surface Water Irrigation and/or Rainwater Harvesting**		
E-1	Is the reservoir or surface waterbody existing or proposed? What is the source water for the proposed reservoir?		
E-2	Size of the reservoir or surface waterbody	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. ☐ New	☐ Replacement	Yield (gallons per minute):
	Justification:		
	Location:		
	Pipeline diameter and length needed to connect into existing irrigation system mainline		
	Diameter:	Length:	
	2. ☐ New	☐ 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 specific (month/date/year) start and completion dates 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.**		
	Preliminary Design:		
	Permitting:		
	Purchase of equipment:		
	Construction/installation:		
	Implementation:		

F-2	**Implementation Challenges** **Describe any project/practice implementation and management challenges you anticipate, including uncertainties and possible impacts to other properties.**
F-3	**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:** **Regarding SB 552 - SJRWMD's Agricultural Cost-Share Program has been funded with the goal of increasing water conservation and thereby reducing water use. Participation in the cost-share program is entirely voluntary. To ensure that expending these funds provides a return on investment in the form of an actual reduction in water use, one requirement of the cost-share agreement is that the recipient be willing to memorialize the savings produced by SJRWMD funds through a modification of their consumptive use permit. Any reduction in allocation that does occur as a result of receipt of funds through the cost-share program would have a backup allocation for a minimum of five years, while the new system is being evaluated to ensure the reduction would not impair the permittee's ability to continue their operation. If a grower chooses to fund his/her own conservation project, there would be no reduction in permitted allocation during the term of the permit in compliance with the Florida Statutes. Additionally, in order to promote conservation, SJRWMD may provide longer duration permits to those who have demonstrated conservation on their farms, regardless of funding source. 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. ☐ 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. For Consumptive Use Permit questions, contact David McInnes at dmcinnes@sjrwmd.com or 386-329-4823. For Environmental Resource Permit questions, contact Suzanne Archer at sarcher@sjrwmd.com or 407-215-1450.
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.**	
	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	$

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)? ☐ Yes ☐ No If yes, provide funding source(s) and amount(s):				
	Source:	Amount:	☐ Granted	☐ Pending	☐ Denied
	Source:	Amount:	☐ Granted	☐ Pending	☐ Denied
	Have you received 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):				
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.	☐ Attached
	Itemized quotes detailing vendor names, costs of design, construction, equipment, labor and any other applicable costs.	☐ Attached
	Lease, Deed or Other Legal Conveyance	☐ Attached
	Copy of MIL evaluation completed within past three years, if available	☐ Attached

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

_____

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