

## Agricultural Cost-Share Application, October 2017

### INSTRUCTIONS FOR USE OF THIS FORM:

This form is to help submit a complete application for the 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.

Applicants who farm in the Tri-County Agricultural Area (TCAA) Water Management Partnership should apply through that program. **Please complete each applicable section. Incomplete applications, including those without vendor quotes, will not be considered. See Section G-4 for required attachments.**

<b>A.</b>	<b>Basic Information (all applicants)</b>		
<b>A-1</b>	Name of Business/Farm:		
<b>A-2</b>	<b>Applicant</b>		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
	Office Phone: (    )	Mobile Phone: (    )	
<b>A-3</b>	<b>Contact (if other than applicant)</b>		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
<b>A-4</b>	<b>Property Owner (if other than applicant)</b>		
	Name/Title:		
	Email address:		
	Mailing address (city, state, zip):		
<b>A-5</b>	<b>District Permit Information:</b>		
	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.		
<b>A-6</b>	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		
<b>A-7</b>	Briefly describe the project. What is the current practice and what is being proposed?		

B. Property Information (all applicants)																																				
<p><b>B-1 Identify all parcels within the project area: County and Parcel ID(s):</b></p> <hr/> <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>																																				
<p><b>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.</b></p> <p>Total acreage of operation: _____                      Number and types of animals if any: _____</p> <p>Irrigated acreage: _____</p> <p>Fertilized acreage: _____                      Current irrigation system(s): _____</p> <p>General crop types: _____</p> <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 _____ acres</p> <p>Please complete the table below with acreage and weeks in production for each crop raised on fields included in application.</p> <table border="1" data-bbox="168 1367 1474 1623"> <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																														
Crop Type	Acreage	Plant Date	Date harvest complete	Irrigated Y/N	Fertilized Y/N																															

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.

<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"/> Calibrate fertilizer equipment	<input type="checkbox"/> Locate fertilizer loading away from water bodies

Other: Please describe.

**C. Proposed Equipment**

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

<input type="checkbox"/> Surface Drip Irrigation	<input type="checkbox"/> Micro-Irrigation
<input type="checkbox"/> Center-pivot or Linear Move Overhead	<input type="checkbox"/> 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 and Filters
<input type="checkbox"/> Expanded Waste Storage	

Other:

**\* Please note that high tunnels without rainwater storage are currently not being considered for funding. 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?**

<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)
<input type="checkbox"/> Mobile Irrigation Lab (MIL) follow-up evaluation	
<input type="checkbox"/> Other:	

**C-3 Compliance:**

Is the agricultural operation in compliance with all applicable federal, state, and local laws, rules and regulations, SJRWMD-issued permits and SJRWMD funding agreements?

Yes       No

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

<b>D.</b>	<b>Project Information</b>
<b>D-1</b>	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?
<b>D-2</b>	<p><b>Description of Project or Practice</b></p> <p>Identify the wells (SJRWMD or user IDs) that will be included in the project:</p> <hr/> <p>Current pump capacity:</p> <hr/> <p>Explain how the proposed project will be successful. How will irrigation frequency and duration be determined? How will irrigation runoff will be managed? What maintenance is required?</p>
<b>D-3</b>	<p><b>Best Management Practices:</b></p> <p>Is the agricultural operation enrolled in FDACS best management practices (BMPs)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</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>
<b>D-4</b>	<p><b>Demonstration Site</b></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>

<b>E.</b>	<b>For Surface Water Irrigation and/or Rainwater Harvesting</b>		
<b>E-1</b>	Is the reservoir or surface water existing or proposed?  What is the source water for the proposed reservoir?		
<b>E-2</b>	Size of the reservoir or surface water	Acres:	Avg. Water Depth (ft):
<b>E-3</b>	Proposed residence time of the reservoir? Rate of inflows: Rate of outflows: Elevation of normal high groundwater table:		
<b>E-4</b>	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:			
<b>F.</b>	<b>Project/Practice Timing of Implementation</b>		
<b>F-1</b>	<b>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.</b>		
	<b>Preliminary Design:</b>		
	<b>Permitting:</b>		
	<b>Purchase of equipment:</b>		
	<b>Construction/installation:</b>		
	<b>Implementation:</b>		

F-2	<p><b>Implementation Challenges</b>  Describe any project/practice implementation and management challenges you anticipate, including uncertainties and possible impacts to other properties.</p>
F-3	<p><b>Project/Practice Maintenance</b>  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).</p>
F-4	<p><b>Permitting:</b>  **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 District 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.</p> <p>Some projects, including those that result in changes in source or conversion to a more efficient irrigation method may 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.</p> <p><input type="checkbox"/> Yes, I understand that my CUP will be reviewed as a part of this project. I also understand that a flow meter must be part of my project request, if I do not currently have one.</p> <p>For Consumptive Use Permit questions, contact David McInnes at <a href="mailto:dmcinnes@sjrwmd.com">dmcinnes@sjrwmd.com</a> or (386) 329-4823.  For Environmental Resource Permit questions, contact Suzanne Archer at <a href="mailto:sarcher@sjrwmd.com">sarcher@sjrwmd.com</a> or (407) 215-1450.</p>

<b>G. Project/Practice Cost and Cost-Share Request (all applicants)</b>	
<b>G-1</b>	<b>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. <b>Please note that the cost-share program is based on reimbursement and the recipient is responsible for submitting proof of payment.</b></b>
	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 \$
<b>G-2</b>	<p><b>Cost-Share Request</b>            Cost-share amount requested (a minimum of 25% of the total cost must be financed by the applicant):</p> <p>Cost-share from other sources such as FDACS, NRCS. Total funded amount must not exceed 75%. (List sources below):</p> <p>Applicant's contribution:</p> <p>Total Project Cost:</p> <p>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):</p> <p>Source:                      Amount:                      <input type="checkbox"/> Granted    <input type="checkbox"/> Pending    <input type="checkbox"/> Denied</p> <p>Source:                      Amount:                      <input type="checkbox"/> Granted    <input type="checkbox"/> Pending    <input type="checkbox"/> Denied</p> <p>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):</p>
<b>G-3</b>	<p><b>Unit Production Cost</b>            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.</p>

<b>G-4</b>	<b>Documents – Provide the following:</b>	
	<b>Aerial photo or map</b> depicting property and <b>project boundaries</b> ; 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
	<b>Itemized quotes</b> detailing vendor names, costs of design, construction, equipment, labor and any other applicable costs.	<input type="checkbox"/> Attached
	<b>Lease, Deed or Other Legal Conveyance</b>	<input type="checkbox"/> Attached
	<b>Copy of MIL evaluation completed within past three years, if available</b>	<input type="checkbox"/> 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](http://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.**

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***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 land owner?       Yes       No

If "No," what is the applicant's relationship to the land owner? \_\_\_\_\_

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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