

FY 2024-2025

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION PACKAGE
Part 2. Attachment D**

The following attachment D-1 through D-8, in addition to the requirements of items 10 through 13 of the application checklist, constitute your formal application.

**SUBMIT THE APPLICATION INFORMATION IN
THE ORDER LISTED ON THE CHECKLIST.**

Applications must be received by the District by 4:30 p.m. on April 1, 2024.

SUBMIT THE ENTIRE APPLICATION TO:



Electronic submission
via email to:

CKelley@aicw.org

(pdf file size 15MB or
less and permits should
be sent in separate
emails to reduce file size)

ATTACHMENT D
APPLICANT TIPS SHEET

(Mistakes common to the application process and how to avoid them)

Scheduling – The new application is available by January each year, and District funding is available AFTER October 1st of each year. Applicants should plan their schedule to avoid commonly missed deadlines: Application due – 1st of April; Property Control –15th of May, Permits –16th of September. *(Staff suggestion: Secure property control and permits PRIOR to applying for funding.)*

Property Control Verification – Please have your attorney complete and sign the letter in the application verifying applicant property control. Support documentation is not necessary. In the case of leases or management agreements, please forward a copy to the District well in advance of the deadline to verify language. *(Staff suggestion: Resolve this requirement outside the application “window”.)*

Project Costs Eligibility – Please note the eligible project costs in Rule Section 66B-1.008, F.A.C. If you are not sure about an item’s eligibility, ask! Note: In-house project management and administration is not eligible for an applicant’s match. Make sure you have delineated your required minimum cost-share on the project cost estimate. *(Staff suggestion: If you have questions about the eligibility of an item, work up a mock cost-sheet and email it to our office well before the deadline. Do not include applicant project management in your cost estimate).*

Cost-Share – Although the applicant must provide a minimum of 50% of the total project costs (25% for eligible public navigation dredging), there is no specific requirement to split each item. *(Staff suggestion: You may want to organize project elements in a certain manner for easier accounting.)*

Pre-Agreement Expenses - Rule 66B-1.005(3), F.A.C. requires any activity in the submitted project cost estimate occurring PRIOR to October 1st to be considered as pre-agreement expenses. The Board’s past philosophy has been to fund only those projects that require District funding assistance to be completed. It is best to avoid pre-agreement expenses if possible, or limit them to a small percentage of the project. Note, that pre-agreement expenses must be limited to 50% or less of the total project costs, and they are eligible for only ½ of the original District funding. *(Example: A project with a total cost of \$200,000 is Board-approved for one-half construction PRIOR to October 1st. In this case, District funding will be limited as follows: Only 50% of the \$100,000 project cost prior to October 1st is eligible as project expenses (i.e. \$50,000). Then only ½ of the eligible project expenses (\$50,000) are eligible for District funding assistance (i.e. \$25,000).*

Submitted Materials & June Presentation –The Board must review and evaluate each application and each year we receive about 90 applications for consideration. The final product for the Board’s review is two 8-1/2” x 11” bound notebooks containing the essential information for the application. Please keep in mind all submitted material will be printed on 8-1/2”x11” paper. *(Staff suggestion: Limit the submitted materials to the requested information, in the required format. Any additional material should be very limited and should be germane to the evaluation of the application. Don’t create unnecessary work for yourself!)*

ELECTRONIC SUBMISSIONS – Grant applications are ONLY being accepted by email. Grant applications shall be submitted via email as a pdf attachment (15mb maximum size and permits attached separately). Make sure to label your pdf attachment with the applicant and project title. You will receive a confirmation email letting you know that your application has been received.

Email your completed application to: CKelley@aicw.org

Applications must be received by the District by 4:30 pm on April 1, 2024.

ATTACHMENT D-1.
APPLICATION CHECKLIST 2024
 (To be completed by the Applicant)

Project Title:	Click here to enter text.
Applicant:	Click here to enter text.

This checklist and the other items listed below in items 1 through 13 constitute your application. The required information shall be submitted in the order listed.

Any additional information submitted by the applicant will be removed from the package by District staff prior to presentation to the District Board because of reproduction and space considerations.

An electronic copy shall be emailed (15mb maximum file size) to CKelley@aicw.org. Applications must be received by the deadline, no exceptions.

All information is required to be on 8 1/2" x 11" paper. Maps and drawings should be 8 1/2" x 11" so that they may fit into the bound agenda book.

		YES	NO
1	If the proposed project is a construction project within a single County, the application must be reviewed by the local FIND Commissioner (<i>District Commissioner must initial the yes line on this checklist for the application to be accepted for processing</i>). If the proposed project is a regional project, the application must be reviewed and initialed by District Staff prior to submission)		
2	Application Checklist – D-1 (Form No. 90-16, 2 pages) (Form must be signed and dated)		
3	Applicant Info/Project Summary – D-2 (Form No. 90-12, 1 page) (Form must be completed and signed)		
4	Project Information – D-3 (Form No. 90-12a, 1 page)		
5	Application and Evaluation Worksheet – D-4 ₍₊₎ (Form No. 00-25 ₍₊₎) <i>(Form must be completed, proper attachment included)</i> (No signatures required)		
6	Project Cost Estimate – D-5 (Form No. 90-25, 1 page) <i>(Must be on District form)</i>		
7	Project Timeline – D-6 (Form 96-11, 1 page)		
8	Official Resolution Form – D-7 (Form No. 90-11, 2 pages) (Resolution must be in District format)		

ATTACHMENT D-1 (Continued)

APPLICATION CHECKLIST

(To be completed by the Applicant)

9	Attorney’s Certification (Land Ownership) – D-8 (Must follow format of Form No. 93-26, legal descriptions alone are not acceptable)		
10	County Location Map		
11	Project Boundary Map		
12	Site Development Map		
13	Copies of all Required ACOE, DEP, WMD Permits <i>(Required of development projects only)</i>		

The undersigned, as applicant, acknowledges that Items 1 through 12 above constitutes a complete application and that this information is due in the District office no later than 4:30 PM, April 1, 2024. By May 15, 2024, my application must be deemed complete (except for permits) or it will be removed from any further consideration by the District. I also acknowledge that the information in Item 13 is due to the District no later than September 16, 2024. If the information in Item 13 is not submitted to the District office by September 16, 2024, I am aware that my application will be removed from any further funding consideration by the District.

PROJECT LIAISON: _____ **TITLE:** _____

SIGNATURE - PROJECT LIAISON

DATE

FIND OFFICIAL USE ONLY

Date Received: _____

FIND Staff Review: _____

All Required Supporting Documents: _____

Applicant Eligibility: _____

Project Eligibility: _____ Available Score: _____

Compliance with Rule 66B-1 F.A.C.: _____

Eligibility of Project Cost: _____

ATTACHMENT D-2

COOPERATIVE ASSISTANCE PROGRAM PROJECT APPLICATION 2024 APPLICANT INFORMATION – PROJECT SUMMARY

APPLICANT INFORMATION			
Applicant:	Click here to enter text.		
Department:	Click here to enter text.		
Project Title:	Click here to enter text.		
Project Director:	Click here to enter text.	Title:	Click here to enter text.
Project Liaison: <i>(if different from Project Director)</i>	Click here to enter text.	Title:	Click here to enter text.
Mailing Address:	Click here to enter text.		
City:	Click here to enter text.	Zip Code:	Click here to enter text.
Email Address:	Click here to enter text.	Phone #:	Click here to enter text.
Project Address:	Click here to enter text.		

****I hereby certify that the information provided in this application is true and accurate.****

SIGNATURE: _____ **DATE:** _____

PROJECT SUMMARY (Please summarize project in space provided below in 2 paragraphs or less.)
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ATTACHMENT D-3 - PROJECT INFORMATION 2024

Applicant:				Project Title:		
Total Project Cost: \$		FIND Funding Requested: \$		% of Total Cost:		
Amount and Source of Applicant's Matching Funds:						

1. Ownership of Project Site (check one): Own: Leased: Other:

2. If leased or other, please describe lease or terms and conditions:

3. Has the District previously provided assistance funding to this project or site? Yes: No:

4. If yes, please list:

5. What is the current level of public access in terms of the number of boat ramps, boat slips and trailer parking spaces, linear feet of boardwalk (etc.)? (as applicable):

6. How many additional ramps, slips, parking spaces or other access features will be added by this project?

7. Are fees charged for the use of this project? No Yes **

****If yes, please attach additional documentation of fees and how they compare with fees from similar public & private facilities in the area.**

Please list all Environmental Resource Permits required for this project:

AGENCY	Yes / No / N/A	Date Applied For	Date Received
WMD	Click here to enter text.	Click here to enter text.	Click here to enter text.
DEP	Click here to enter text.	Click here to enter text.	Click here to enter text.
ACOE	Click here to enter text.	Click here to enter text.	Click here to enter text.
COUNTY / CITY	Click here to enter text.	Click here to enter text.	Click here to enter text.

ATTACHMENT D-4

COOPERATIVE ASSISTANCE PROGRAM

APPLICATION AND EVALUATION WORKSHEET 2024

DIRECTIONS: All applicants will complete questions 1 through 6, and then based on the type of project, complete one and only one subsection (D-4A, B, C, D or E) for questions 7-10.

****Please keep your answers brief and do not change the pagination of Attachment D-4****

All other sub-attachments that are not applicable to an applicant's project should not be included in the submitted application.

Project Title:	Click here to enter text.
Applicant:	Click here to enter text.

1) PRIORITY LIST:

a) **List the priority list category of this project from Attachment B in the application.** (The application may only be of **one** type based upon the *predominant* cost of the project elements.)

b) **Explain how the project fits this priority category.**

(For reviewer only)

Max. Available Score _____

Range of Score (1 to ___ points)

4) TIMELINESS:

a) **Describe current status of the project and present a reasonable and effective timeline for the completion of the project consistent with Attachment D-6.**

b) **Briefly explain any unique aspects of this project that could influence the project timeline.**

(For reviewer only)

(1-3 points)

5) COSTS & EFFICIENCY:

a) **List the funding sources and the status and amount of the corresponding funding that will be utilized to complete this project.**

b) **Identify and describe any project costs that may be increased because of the materials utilized or specific site conditions.**

c) **Describe any methods to be utilized to increase the cost efficiency of this project.**

d) **If there are any fees associated with the use of this facility, please detail. In addition, please provide a listing of the fees charged by similar facilities, public and private, in the project area.**

(For reviewer only)

(1-6 points)

6) PROJECT VIABILITY:

- a) **Does the project fill a specific need in the community? Is this project referenced or incorporated in an existing management, public assess or comp plan?**
- b) **Clearly demonstrate how the project will continue to be maintained and funded after District funding is completed.**
- c) **Will the program result in significant and lasting benefits? Please describe any environmental benefits associated with this project.**

(For reviewer only)
(1-7 points)

SUB-TOTAL _____

FIND FORM NO. 00-25
(Effective Date: 3-21-01, Revised 4-24-06)

ATTACHMENT D-4A

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION AND EVALUATION WORKSHEET**

DEVELOPMENT & CONSTRUCTION PROJECTS

THIS ATTACHMENT IS TO BE COMPLETED IF YOUR PROJECT IS A DEVELOPMENT OR CONSTRUCTION PROJECT BUT IS NOT AN INLET MANAGEMENT OR BEACH RENOURISHMENT PROJECT.

7) PERMITTING:

- a) **Have all required environmental permits been applied for? (USACE, DEP and WMD) If permits are NOT required, explain why not.**

- b) **If the project is a Phase I project, list the tasks scheduled to obtain the necessary permits and engineering work. Please provide a general cost estimate for the future Phase II work.**

- c) **Detail any significant impediments that may have been identified that would potentially delay the timely issuance of the required permits.**

(For reviewer only)
(1-4 points)

8) PROJECT DESIGN:

- a) **Has the design work been completed? If this is a Phase I project, has a preliminary design been developed?**
- b) **Are there unique beneficial aspects to the proposed design that enhance public usage or access, decrease environmental impacts, improve water quality or reduce costs?**

*(For reviewer only)
(1-2 points)*

9) CONSTRUCTION TECHNIQUES:

- a) **Briefly explain the construction techniques to be utilized for this project.**
- b) **How are the construction techniques utilized appropriate for the project site?**
- c) **Identify any unusual construction techniques that may increase or decrease the costs of the project.**

*(For reviewer only)
(1-3 points)*

10) CONSTRUCTION MATERIALS:

- a) **List the materials to be utilized for this project. What is the design life of the proposed materials?**

- b) **Identify any unique construction materials that may significantly alter the project costs.**

(For reviewer only)
(1-3 points)

RATING POINT
TOTAL _____

(Note: The total maximum score possible is dependent upon the project priority category but cannot exceed 50 points unless the project qualifies as an emergency-related project. The minimum score possible is 10 points. A score of 35 points or more is required to be considered for funding.)

ATTACHMENT D-4B

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION AND EVALUATION WORKSHEET**

ENVIRONMENTAL EDUCATION PROJECTS

THIS ATTACHMENT IS TO BE COMPLETED IF YOUR PROJECT IS AN
ENVIRONMENTAL EDUCATION PROJECT

7) THOROUGHNESS:

- a) **Who is the primary target audience or user group for the project and how were they identified?**

- b) **How have the needs of the target audience been evaluated and met?**

- c) **How many people will the program serve on an annual basis? What will be the measurable results?**

(For reviewer only)
(1-5 points)

10) PROJECT GOALS:

a) What are the long-term goals of this project as it relates to the ICW?

b) What is the expected duration/frequency of this program?

(For reviewer only)
(1-2 points)

RATING POINT
TOTAL _____

(Note: The total maximum score possible is dependent upon the project priority category but cannot exceed 50 points unless the project qualifies as an emergency-related project. The minimum score possible is 10 points. A score of 35 points or more is required to be considered for funding.)

Form No. 00-25B
(Effective Date: 3-21-01, Revised 4-24-06)

ATTACHMENT D-4C

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION AND EVALUATION WORKSHEET**

LAW ENFORCEMENT & BOATING SAFETY PROJECTS

THIS ATTACHMENT IS TO BE COMPLETED IF YOUR PROJECT IS A LAW
ENFORCEMENT OR BOATING SAFETY PROJECT

7) VIABILITY:

- a) Describe how the project will address particular public health, safety, or welfare issues of the Navigation District's Waterways.

- b) How does the project provide significant benefits or enhancements to the District's Waterways?

(For reviewer only)
(1-3 points)

8) EXPERIENCE & QUALIFICATIONS:

- a) **List the personnel tasked with the implementation of this project, their qualifications, previous training and experience.**

- b) **Have the personnel participated in or received state marine law enforcement training?**

(For reviewer only)
(1-2 points)

9) DELIVERABLES:

- a) **Describe the anticipated, long-term measurable results of implementing this project?**

- b) **How will the project continue to be funded?**

- c) **Does the project fulfill a particular community need?**

For reviewer only)
(1-4 points)

10) EDUCATION:

- a) **What are the educational benefits (if any) of this proposed project?**
- b) **How does the project or program provide effective public boating education or expand boater safety?**

(For reviewer only)
(1-3 points)

RATING POINT
TOTAL _____

(Note: The total maximum score possible is dependent upon the project priority category but cannot exceed 50 points unless the project qualifies as an emergency-related project. The minimum score possible is 10 points. A score of 35 points or more is required to be considered for funding.)

Form No. 00-25C
(Effective Date: 3-21-01, revised 4-24-06)

8) PUBLIC ACCESS:

a) Will the project enhance public access to or from the waterways? Describe in brief detail.

b) List the publicly accessible facilities upstream with improved access as a result of this project.

(For reviewer only)

(1-3 points)

9) BENEFICIAL PROJECT ELEMENTS:

a) Are there additional economic benefits to be realized by implementing this project?

b) Briefly spell out any water quality, environmental or habitat benefits to be realized by this project.

(For reviewer only)

(1-2 points)

10) PROJECT FUNDING:

a) **When was this area last dredged? What is the expected frequency of future dredging?**

b) **Explain the funding mechanism for the long-term maintenance of the project.**

c) **Describe the long-range dredge material management plans.**

(For reviewer only)

(1-2 points)

RATING POINT

TOTAL _____

(Note: The total maximum score possible is dependent upon the project priority category but cannot exceed 50 points unless the project qualifies as an emergency-related project. The minimum score possible is 10 points. A score of 35 points or more is required to be considered for funding.)

Form No. 00-25D

(Effective Date: 3-21-01, Revised 4-24-06)

ATTACHMENT D-4E

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION AND EVALUATION WORKSHEET**

BEACH RENOURISHMENT PROJECTS

THIS ATTACHMENT IS TO BE COMPLETED IF YOUR PROJECT IS A BEACH
RENOURISHMENT PROJECT

7) WATERWAY RELATIONSHIP:

- a) Describe how the District and other navigation interests will benefit from the implementation of this project.

(For reviewer only)
(1-4 points)

8) VIABILITY:

- a) **Is the project site defined as critically eroded by a statewide beach management plan?**

- b) **Cite the quantifiable rate of erosion in this area.**

- c) **Is the project an important component of an overall beach management effort?**

(For reviewer only)
(1-4 points)

9) PUBLIC BENEFITS:

- a) **Are there quantifiable public benefits demonstrated by the project?**

- b) **Is there adequate public access to the project area? Please describe location and amount of parking and access.**

(For reviewer only)
(1-2 points)

10) PROJECT FUNDING:

a) Describe any assistance funding from other sources.

b) Clarify the availability of long-term funding for this project.

(For reviewer only)
(1-2 points)

**RATING POINT
TOTAL** _____

(Note: The total maximum score possible is dependent upon the project priority category but cannot exceed 50 points unless the project qualifies as an emergency-related project. The minimum score possible is 10 points. A score of 35 points or more is required to be considered for funding.)

Form No. 00-25E
(Effective Date: 3-21-01, Revised 4-24-06)

ATTACHMENT D-4F

EMERGENCY RE-CONSTRUCTION

**COOPERATIVE ASSISTANCE PROGRAM
APPLICATION AND EVALUATION WORKSHEET**

RECONSTRUCTION AND RESTORATION OF A WATERWAY PROJECT

THIS ATTACHMENT IS TO BE COMPLETED IF YOUR PROJECT IS A WATERWAY PROJECT THAT WAS DAMAGED BY A NATURAL DISASTER AS DECLARED BY A STATE OF EMERGENCY UNDER CHAPTER 252, FLORIDA STATUTES. DO NOT UTILIZE THIS FORM UNLESS YOUR PROJECT MEETS THIS SPECIFIC CRITERION.

11 (extra) STORM DAMAGE EVALUATION:

- a) List the State of Emergency declaration order or proclamation & the name and date of the storm/event.**

- b) Is this project a previously funded FIND grant project?**

- c) Detail the other funding mechanisms and financial assistance that will be applied to defray the reconstruction costs or damage repair.**

- d) What is the status of your FEMA paperwork for the project?**

(For reviewer only) (0-3 points)

ATTACHMENT D-5

**FLORIDA INLAND NAVIGATION DISTRICT
ASSISTANCE PROGRAM 2024**

PROJECT COST ESTIMATE

(See Rule Section 66B-1.005 & 1.008 for eligibility and funding ratios)

Project Title:	Click here to enter text.
Applicant:	Click here to enter text.

Project Elements <i>(Please list the MAJOR project elements and provide general costs for each one. For Phase I Projects, please list the major elements and products expected)</i>	Quantity or Total Estimated Cost <i>(Number and/or Footage etc.)</i>	Applicant's Cost <i>(To the nearest \$50)</i>	FIND Cost <i>(To the nearest \$50)</i>

**TOTALS =	\$	\$	\$
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ATTACHMENT D-6

COOPERATIVE ASSISTANCE PROGRAM 2024

PROJECT TIMELINE

Project Title:	Click here to enter text.
Applicant:	Click here to enter text.

The applicant is to present a detailed timeline on the accomplishment of the components of the proposed project including, as applicable, completion dates for: permitting, design, bidding, applicant approvals, initiation of construction and completion of construction.

NOTE: All funded activities must begin AFTER October 1st
(or be consistent with Rule 66B-1.005(3) - Pre-agreement expenses)

ATTACHMENT D-7
RESOLUTION FOR ASSISTANCE 2024
UNDER THE FLORIDA INLAND NAVIGATION DISTRICT
COOPERATIVE ASSISTANCE PROGRAM

WHEREAS, THE _____ is interested in carrying out the
(Name of Agency)
following described project for the enjoyment of the citizenry of _____
and the State of Florida:

Project Title _____

Total Estimated Cost \$ _____

Brief Description of Project:

AND, Florida Inland Navigation District financial assistance is required for the program mentioned above,

NOW THEREFORE, be it resolved by the _____
(Name of Agency)
that the project described above be authorized,

AND, be it further resolved that said _____
(Name of Agency)
make application to the Florida Inland Navigation District in the amount of _____% of the
actual cost of the project in behalf of said _____
(Name of Agency)

AND, be it further resolved by the _____
(Name of Agency)
that it certifies to the following:

1. That it will accept the terms and conditions set forth in FIND Rule 66B-1 F.A.C. and which will be a part of the Project Agreement for any assistance awarded under the attached proposal.

2. That it is in complete accord with the attached proposal and that it will carry out the Program in the manner described in the proposal and any plans and specifications attached thereto unless prior approval for any change has been received from the District.

3. That it has the ability and intention to finance its share of the cost of the project and that the project will be operated and maintained at the expense of said _____

_____ for public use.
(Name of Agency)

4. That it will not discriminate against any person on the basis of race, color or national origin in the use of any property or facility acquired or developed pursuant to this proposal, and shall comply with the terms and intent of the Title VI of the Civil Rights Act of 1964, P. L. 88-352 (1964) and design and construct all facilities to comply fully with statutes relating to accessibility by handicapped persons as well as other federal, state and local laws, rules and requirements.

5. That it will maintain adequate financial records on the proposed project to substantiate claims for reimbursement.

6. That it will make available to FIND if requested, a post-audit of expenses incurred on the project prior to, or in conjunction with, request for the final 10% of the funding agreed to by FIND.

This is to certify that the foregoing is a true and correct copy of a resolution duly and legally adopted by the _____ at a legal meeting held on this _____ day of _____ 20____.

Attest

Signature

Title

Title

ATTACHMENT D-8

ATTORNEYS CERTIFICATION OF TITLE 2024
(See Rule 66B-1.006(4) FAC)

OFFICE OF THE (Agency) ATTORNEY
(Address)

_____, 2024

TO WHOM IT MAY CONCERN:

I, _____, am the Attorney for the (Agency), Florida. I hereby state that I have examined a copy of a (deed, lease, management agreement, etc.) from _____ to the (Agency) dated _____ conveying _____ (type of interest, ie. Fee simple, easement, 25-year lease, etc.) in the following described property:

(Legal Description of Property)

I have also examined a document showing that this property is listed on the tax rolls as belonging to the (Agency). Finally, I have also examined such documents and records as necessary for this certification.

This property is what is now called "(Name of Property as Referenced in the CAP application)".

I certify that the (Agency) does in fact _____ (own, lease, etc.) this property for _____ years.

Very truly yours,

(Name)
(Agency) Attorney