

1. Statement of Program Objective

The objective of the **Tri-County Agricultural Area (TCAA) Water Management Partnership** is to contribute to the improved health of the lower St. Johns River through on-farm and regional water management projects and practices that reduce the movement of nutrients to the river, improve water conservation, and result in more efficient farm management while maintaining the long-term viability of agriculture in the TCAA.

2. Eligible Projects/Practices

Project types and cost-share items that will be considered for funding include those listed below; however, other ideas that would further the program objective may be proposed.

Projects:

- Drip irrigation (surface or subsurface)
- Overhead irrigation
- Enhanced seepage irrigation
- Tailwater recovery
- Regional water reuse
- Regional wet detention
- Irrigation drain tile

Practices/Equipment:

- Banding equipment
- Fertilizer application equipment
- Observation wells
- SPAD meter or similar equipment
- Soil moisture sensors
- Soil compaction meter
- Nurse tank and injection pump for fertigation
- Automated fertigation and irrigation controllers for drip systems
- Pasture aerators
- Weather stations

3. Grower Eligibility Criteria

To propose a project for funding under this initiative a grower's operation must be within the TCAA boundaries and must meet the other criteria in the applicant eligibility form (**attached**). Stacey Simmons of the Florida Department of Agriculture and Consumer Services (FDACS) will conduct a site visit to confirm that the grower is enrolled in and is implementing the applicable FDACS best management practices (BMPs) and will complete a BMP confirmation form.

4. Cost-share Amounts

Note: Funding from this program may supplement but not duplicate funding from other programs.

• **Projects:**

Cost share will be 75% of the engineering, design, and construction costs of an approved project submitted using the TCAA Water Management Partnership Cost-Share Application Form. The grower will be expected to cover maintenance costs; however, future requests for items associated with long-term maintenance, such as drip tape, may be considered for funding.

• **Practices/Equipment:**

Cost share for fertilizer banding equipment will be 75% of approved cost, not to exceed a total reimbursement of \$75,000, as requested using the TCAA Water Management Partnership Cost-Share Application Form. Bander requests may include a GPS unit, tender, travel assembly, and/or other bander-related items to ensure the most efficient use of the equipment. Cost share for approved practices/ equipment other than banders and related items will be up to 75% of cost unless the requested practices/equipment.

5. Application, Review, and Selection Process

Deadlines for submitting applications for cost share under the TCAA Water Management Partnership are **June 1, 2020 and December 1, 2020**. The TCAA Water Management Partnership Cost-Share Application Form is **attached**.

a. Application:

Interested growers, who meet the eligibility criteria, should submit a TCAA Water Management Partnership Cost-Share Application Form, along with requested documents (listed in application). For assistance with the application process, contact:

Stacey Simmons, FDACS (850) 815-1361

Prissy Fletcher, UF (352) 240-4991

Submit applications by e-mail to:

Stacey Simmons,
FDACS (850) 6815-
1361 (cell)
Stacey.Simmons@FDACS.GOV

b. Site Visit:

After an application is submitted, the TCAA Technical Support Team will schedule a site visit with the grower to discuss the proposed project and any necessary modifications.

c. Project Selection:

With the assistance of the TCAA Technical Support Team, the TCAA Project Selection Panel will review, prioritize, and select proposed projects based on the following considerations:

- Anticipated environmental benefits
- Commodity type
- Project type
- Estimated cost
- Previous funding received by grower
- Long-term maintenance needs
- Monitoring feasibility/reliability (if monitoring is planned)
- Long-term benefit to the grower and to agriculture in the region
- Potential for onsite expansion
- Potential for transfer of technology or methods
- Contribution to meeting national/state/regional objectives

d. Cost-Share Agreement:

Once a project proposal or practice/equipment funding request is selected, the grower must enter into an agreement with the funding agency or agency's contractor to receive the funds.

The agreement will include required deliverables, documentation, and other conditions as a pre-requisite to payment. The agreement must be executed prior to work beginning on a project, installation of a practice, purchase of equipment or materials, or initiation of any other activity to be reimbursed.

ATTACHMENTS

TCAA WATER MANAGEMENT PARTNERSHIP

APPLICANT ELIGIBILITY FORM

COST-SHARE APPLICATION FORM

APPLICANT ELIGIBILITY FORM**TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP**

APPLICANT ELIGIBILITY

The applicant must meet the following criteria in order to be considered for TCAA Water Management Partnership cost-share funding:

- Is the operation on which the project will be located within the boundaries of the Tri-County Agricultural Area (TCAA), or does it drain to the TCAA? YES NO
- Has the agricultural operation to be served by the project/practice been in operation for the three previous years? YES NO
- Is the agricultural operation in compliance with all applicable federal, state, and local laws, rules, and regulations, St. Johns River Water Management District (SJRWMD)-issued permits, and SJRWMD funding agreements? YES NO
- As confirmed by Florida Department of Agriculture and Consumer Services (FDACS) staff, is the agricultural operation enrolled in FDACS best management practices (BMPs) and implementing the practices indicated on the notice of intent to implement BMPs and, as applicable, those listed in Rule 5M-4, Florida Administrative Code?
BMP NOI: _____ YES NO
- Does the landowner/leaseholder have control of the land for at least the anticipated contract period? (*Type of control must be indicated under 3. Property Information*) YES NO
- Is the applicant willing to have the project undergo water quality, water conservation, and/or yield monitoring, as needed to determine the environmental and production outcomes of the project? YES NO
- 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
- Is the applicant willing to consider expanding the scope of the project, provided it proves successful and is economically feasible to do so? YES NO
- Is the owner (and lessee, if applicable) willing to enter into a legally binding agreement with FDACS, Florida Department of Environmental Protection (FDEP), or the SJRWMD, as applicable, to receive funds for the project? YES NO

Applicant name (please print): _____

Applicant signature

Date

COST-SHARE APPLICATION

TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)

FOR AGENCY USE APPLICATION # TCAA - _____	TST Members Assisting:
	Applicant Eligibility Form Attached <input type="checkbox"/> BMP Confirmation Form Attached <input type="checkbox"/>
	PSP Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Project Name	_____
A.	Contact 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): _____ _____
	Office Phone: _____ Mobile Phone: _____
A-4	Property Owner (if other than applicant)
	Name/title: _____
	Email address: _____
	Mailing address (city, state, zip): _____ _____
	Office Phone: _____ Mobile Phone: _____
B.	Proposed Project/Practice (all applicants)
B-1	Check the project(s) and/or practice(s) you are proposing.
	<input type="checkbox"/> Farm Surface Drip Irrigation <input type="checkbox"/> Farm Overhead Irrigation
	<input type="checkbox"/> Farm Subsurface Drip Irrigation <input type="checkbox"/> Subsurface Irrigation/drain tile
	<input type="checkbox"/> Irrigation Tailwater Recovery and Reuse <input type="checkbox"/> Wet Detention
	<input type="checkbox"/> Stormwater Runoff Recovery and Reuse <input type="checkbox"/> Regional Water Reuse
	<input type="checkbox"/> Banding equipment on _____ acres <input type="checkbox"/> Soil Moisture Sensors
	<input type="checkbox"/> Other Project or Practice: _____ _____

COST-SHARE APPLICATION

TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)

B-2	<p>Indicate the expected benefits of the proposed project/practices (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Reductions in the offsite movement of nitrogen</td> <td><input type="checkbox"/> Reductions in water use</td> </tr> <tr> <td><input type="checkbox"/> Reductions in the offsite movement of phosphorus</td> <td><input type="checkbox"/> Reduced operational costs</td> </tr> <tr> <td><input type="checkbox"/> More efficient application/management of fertilizer</td> <td><input type="checkbox"/> Other (describe below): _____</td> </tr> </table>	<input type="checkbox"/> Reductions in the offsite movement of nitrogen	<input type="checkbox"/> Reductions in water use	<input type="checkbox"/> Reductions in the offsite movement of phosphorus	<input type="checkbox"/> Reduced operational costs	<input type="checkbox"/> More efficient application/management of fertilizer	<input type="checkbox"/> Other (describe below): _____
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<input type="checkbox"/> Reductions in the offsite movement of phosphorus	<input type="checkbox"/> Reduced operational costs						
<input type="checkbox"/> More efficient application/management of fertilizer	<input type="checkbox"/> Other (describe below): _____						
B-3	<p>What information can you provide to demonstrate the water quality, water conservation, and/or crop production outcomes of the proposed project/practices?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Record of reductions in N applications (lbs/yr)</td> <td><input type="checkbox"/> Record of reductions in P applications (lbs/yr)</td> </tr> <tr> <td><input type="checkbox"/> Record of reductions in water use (gals/yr)</td> <td><input type="checkbox"/> MIL follow-up evaluation</td> </tr> </table> <p>Other: _____</p>	<input type="checkbox"/> Record of reductions in N applications (lbs/yr)	<input type="checkbox"/> Record of reductions in P applications (lbs/yr)	<input type="checkbox"/> Record of reductions in water use (gals/yr)	<input type="checkbox"/> MIL follow-up evaluation		
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<input type="checkbox"/> Record of reductions in water use (gals/yr)	<input type="checkbox"/> MIL follow-up evaluation						
C.	Property Information (all applicants)						
C-1	Farm Planning						
	<p>Do you have a conservation plan that meets Natural Resources Conservation Service criteria?</p> <p style="text-align: center;"><input type="checkbox"/> Yes - Year of Plan: _____ <input type="checkbox"/> Under Development <input type="checkbox"/> No</p> <p>Do you keep your own written farm plan that addresses current and anticipated irrigation and nutrient management strategies? <input type="checkbox"/> Yes <input type="checkbox"/> Working on one <input type="checkbox"/> No</p>						
C-2	Location/Ownership						
	<p>County _____ Section(s) _____ Township _____ Range _____</p> <p>Nearest road/intersection: _____</p> <p>Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " _____</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 other legal control</p> <p><input type="checkbox"/> Copy of deed, lease, or other legal conveyance is attached. Years of control: _____ - _____</p> <p>Known Easements: _____</p> <p>Will these easements affect and/or be affected by the proposed project? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No</p>						

COST-SHARE APPLICATION**TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)**

D.	Detailed Description of Project or Practice (all applicants)
	Explain where the project or practice will be located or used, and how it will operate.
E.	Detailed Project Information (project applicants only) <input type="checkbox"/> Not doing a Project
E-1	Size of installation area: _____ acres Size of area to be treated by the project: _____ acres
	Identify the wells (<i>SJRWMD</i> or <i>user IDs</i>) that will be included in the project:
E-2	For Irrigation System Upgrade or Conversion <input type="checkbox"/> Not Applicable
	<p>Identify the type of irrigation system proposed:</p> <p><input type="checkbox"/> Overhead Irrigation -Type of overhead: _____ System length: _____</p> <p><input type="checkbox"/> Surface Drip Irrigation <input type="checkbox"/> Subsurface Irrigation/Drain Tile <input type="checkbox"/> Subsurface Drip</p> <p>Will a seepage system be used in addition to the system proposed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Current pump capacity: _____</p> <p>How will you determine the appropriate frequency (# times a day) and duration of irrigation events?</p> <p>Frequency: _____</p> <p>Duration: _____</p> <p>Are you incorporating fertigation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Estimated annual fertigation rate (lbs N/acre/yr): _____</p> <p>What measures will you take to manage runoff resulting from irrigation?</p> <p><input type="checkbox"/> Tailwater recovery <input type="checkbox"/> Retention/detention <input type="checkbox"/> Other (Describe below):</p>

COST-SHARE APPLICATION

TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)

E-3	For Irrigation Water or Stormwater Recovery, Reuse, or Detention Projects	<input type="checkbox"/> Not Applicable
<p>Existing or proposed location of the reservoir: _____</p> <hr/> <p>Size of the existing or proposed reservoir: Acres _____ Depth _____</p> <p>Proposed residence time of the reservoir: _____</p> <p>Proposed pump stations (complete information for each station individually)</p> <p>1. <input type="checkbox"/> New <input type="checkbox"/> Replacement Yield (gallons per minute): _____</p> <p>Justification: _____</p> <p>Location: _____</p> <p>Pipeline diameter and length needed to connect into existing irrigation system mainline.</p> <p>Diameter: _____ Length: _____</p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> Replacement Yield (gallons per minute): _____</p> <p>Justification: _____</p> <p>Location: _____</p> <p>Pipeline diameter and length needed to connect into existing irrigation system mainline.</p> <p>Diameter: _____ Length: _____</p> <p>3. <input type="checkbox"/> New <input type="checkbox"/> Replacement Yield (gallons per minute): _____</p> <p>Justification: _____</p> <p>Location: _____</p> <p>Pipeline diameter and length needed to connect into existing irrigation system mainline.</p> <p>Diameter: _____ Length: _____</p> <p>Major pump station components (filtration, water treatment, etc.):</p>		
E-4	For Regional Reuse or Wet Detention Projects	<input type="checkbox"/> Not Applicable
<p>Names and locations of other operations collaborating:</p> <p>1. Name: _____</p> <p>Location: _____</p> <p>2. Name: _____</p> <p>Location: _____</p> <p>3. Name: _____</p> <p>Location: _____</p>		

COST-SHARE APPLICATION**TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)**

F.	Project/Practice Implementation (all applicants)	
F-1	Project/Practice Schedule - Estimated Timeline	
	Permitting	
	Construction	
	Purchase of bander	
	Purchase of soil moisture sensors	
	Other (describe)	
	Other (describe)	
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	
	Describe the continuing management/maintenance needed to ensure that the project/practice functions as designed/intended.	
	Applicant is responsible for maintenance costs.	
G.	Project/Practice Cost and Cost-Share Request (all applicants)	
G-1	Cost Breakdown	
	Design	\$
	Construction	\$
	Equipment (e.g., bander, soil sensors)	\$
	Equipment	\$
	Other	\$
	Total estimated cost	\$

COST-SHARE APPLICATION

TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)

G-2	Cost-Share Request	
	Cost-share amount requested (75% total estimated cost)	\$ _____
	Cost-share from other sources (list below)	\$ _____
	Applicant's contribution	\$ _____
	Total	\$ _____
	Will you be requesting or have you requested funds from other local, state, or federal programs for the proposed project(s)/practice(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	
	Important Notes: <ul style="list-style-type: none"> • Cost share for projects may not exceed 75% of the engineering, design, and construction costs. • Cost share for fertilizer banding equipment will be 75% of approved cost, not to exceed a total reimbursement of \$75,000. Bander requests may include a GPS unit, tender, travel assembly, and/or other items to ensure the most efficient use of the equipment. • Funding from this program may supplement but not duplicate funding from other programs. • Ensure that land leveling and subirrigation drain tile contractors are in agreement on slopes prior to drain tile installation. 	

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: _____

Attach documentation of the status of the business entity to operate in the State of Florida, such as a copy of the last corporate annual report submitted to the Florida Department of State or a Certificate of Status issued by the Florida Department of State.

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? _____

COST-SHARE APPLICATION

TRI-COUNTY AGRICULTURAL AREA WATER MANAGEMENT PARTNERSHIP (TCAA-WMP)

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