

FACILITATING AGRICULTURAL RESOURCE MANAGEMENT SYSTEMS (FARMS) PROGRAM FUNDING APPLICATION FORM

FOR AGENCY USE:	Date application received: _____
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I. GENERAL INFORMATION

APPLICANT

Name: _____ Telephone: (____) _____
 Address: _____
 City, State, ZIP: _____
 E-mail address: _____

CONTACT OR CONSULTANT – Should all correspondence be sent to the person below? ☐ Yes ☐ No

Name: _____ Telephone: (____) _____
 Address: _____
 City, State, ZIP: _____
 E-mail address: _____

OWNER (if other than applicant)

Name: _____ Telephone: (____) _____
 Address: _____
 City, State, ZIP: _____
 E-mail address: _____

Name of project: _____

Water Use Permit number, if applicable: _____

II. PROPERTY INFORMATION

County: _____

Section(s): _____ Township: _____ Range: _____

Size of property under common ownership: _____ acres

Size of project area: _____ acres

The project area is:

☐ Owned by the applicant ☐ Leased by the applicant ☐ Applicant has other legal control

Attach copy of deed and lease, if applicable. ☐ Attached

Identify the wells (District or User IDs) that will be included in the project: _____

Does the project area have any other permits, such as District or Florida Department of Environmental Protection Environmental Resource Permit, Management and Storage of Surface Water Permit, or local government permit (i.e., for excavation/borrow pit activities)?

☐ Yes ☐ No ☐ Do not know

If "yes," provide permit number(s) and issuing agency: _____

Provide the following only if there is no Water Use Permit associated with the project area.

Irrigated area: _____ acres
 Irrigated application rate: _____ inches/acre/year
 Annual average quantity: _____ gallons per day
 Irrigation method/system currently used: _____
 Crop type and growing season: _____

III. PROJECT INFORMATION

A. PROJECT ELIGIBILITY

Is the project located within the geographical boundaries of the District?

☐ Yes ☐ No

Has the agricultural operation to be served by the project been operational for the previous three years?

☐ Yes ☐ No

If "no," will the project result in a reduction in the use of ground water?

☐ Yes ☐ No

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

☐ Yes ☐ No

Has the owner of the agricultural operation previously received FARMS Program funding for a different project?

☐ Yes ☐ No

If "yes," has construction of the funded project commenced?

☐ Yes ☐ No

Indicate the expected resource benefit(s) of the project:

- ☐ Reduction in withdrawals from the Upper Floridan aquifer or from any combination of ground, surface or reclaimed water sources.
- ☐ Improvement in ground or surface water quality impacted by ground water withdrawals.
- ☐ Improvement in natural system functions within the Upper Myakka River Watershed
- ☐ Reduction in frost/freeze protection withdrawals from the Upper Floridan aquifer within the boundary described in Rule 40D-26.101(2)(a), F.A.C.

Does the project propose to retrofit or upgrade an irrigation system?

☐ Yes ☐ No

If "yes," has the applicant applied for funding assistance for the project under the United States Department of Agriculture, Natural Resources Conservation Service's Environmental Quality Incentives Program (NRCS EQIP) within the previous three years?

☐ Yes ☐ No

If "yes," provide funding amount: \$_____

Have any of the proposed components of the project been funded by other local, state, or federal programs (NRCS EQIP, Florida Department of Agriculture and Consumer Services Best Management Practice Implementation, Mini-FARMS, etc.)?

☐ Yes ☐ No

If "yes," provide funding source and amount: _____

Is the owner (and lessee, if applicable) willing to enter into a legally binding agreement with the District? (Current District agreement template will be provided upon request.)

☐ Yes ☐ No

B. PROJECT DESCRIPTION

Check the type of project and provide the requested information. (Use additional sheets as necessary.)

☐ **1. Tailwater recovery and/or alternative source utilization, such as surface water.**

Proposed pump station(s) including pump yield (gallons per minute): _____

Size of the existing or proposed reservoir (acres and depth): _____

Other major pump station components (filtration, water treatment, etc.): _____

Pipeline diameter and length needed to connect into existing irrigation system mainline: _____

☐ **2. Internal surface water control (surface water control structures)**

Number of structures: _____

Describe the size and type of structures: _____

☐ **3. Improved irrigation management decision support tools (soil moisture sensors, auto pump starts, etc.)**

Number of automated pump controls: _____

Number of soil moisture sensors: _____

Number of other major components (weather station, hydraulic valving, etc.): _____

☐ **4. Alternative cold protection equipment (frost cloth, enclosed structures, etc.)**

Area (sq ft) to be covered with frost cloth: _____

Area (sq ft) of protective structure (metal framing, plastic, etc.): _____

Describe other protective measures: _____

☐ **5. Other (please describe)**

Estimate the reduction in groundwater withdrawals expected as a result of the project.

Upper Floridan aquifer frost/freeze protection reduction _____ gallons per day (only 5% of permitted frost/freeze quantities are eligible to be included in reduction outside of the boundary described in Rule 40D-26.101(2)(a), F.A.C.)

Upper Floridan aquifer supplemental irrigation and bed preparation reduction _____ gallons per day

Intermediate and surficial aquifers: _____ gallons per day

Estimate the reduction in other water source withdrawals (reclaimed water, surface water) expected as a result of the project: _____ gallons per day

Provide a breakdown of estimated project costs. (Examples are available. Use additional sheets as necessary.)

Provide a timeline for construction of the project. (Examples are available. Use additional sheets as necessary.)

Attach a site map (aerial photo) depicting property boundaries, water use permit boundaries, well locations, existing surface water bodies, water control structures, and all proposed project components including pump stations, pipelines, structures, and reservoirs.

☐ Attached

IV. APPLICANT CERTIFICATION

If the applicant is a business entity, please indicate the type of business entity below and provide the name and title of the person signing on behalf of the business entity. 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 Florida Department of State.

- ☐ Florida Corporation ☐ Florida General Partnership ☐ Florida Limited Liability Company
☐ Florida Limited Partnership ☐ Foreign Corporation/Partnership ☐ Trust
☐ Other: _____

Applicant's name (if a business entity, list name as registered with the Florida Department of State)

I hereby certify that the information contained herein 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

I hereby certify that the applicant has sufficient legal control of the project area to construct and operate the project.

Property owner, if other than applicant

Date

APPLICANT CHECKLIST:

Documentation requested in support of this application:	Attached	Not Applicable
1. Copy of deed	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of lease	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of other legal control of property	<input type="checkbox"/>	<input type="checkbox"/>
4. Site map	<input type="checkbox"/>	<input type="checkbox"/>
5. Breakdown of project costs	<input type="checkbox"/>	<input type="checkbox"/>
6. Construction timeline	<input type="checkbox"/>	<input type="checkbox"/>
7. Documentation of business status	<input type="checkbox"/>	<input type="checkbox"/>

The Southwest Florida Water Management District (District) does not discriminate on the basis of disability. This nondiscrimination policy involves every aspect of the District's functions, including access to and participation in the District's programs and activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act should contact the District's Human Resources Director, 2379 Broad Street, Brooksville, Florida 34604-6899; telephone (352) 796-7211, ext. 4702 or 1-800-423-1476 (FL only), ext. 4702; TDD (FL only) 1-800-231-6103; or email to <mailto:ADACoordinator@swfwmd.state.fl.us>.