

Project Tracking #: \_\_\_\_\_

### Community Budget Issue Request

1. Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

2. Member Sponsor(s) Name: \_\_\_\_\_ District No.(s): \_\_\_\_\_

3. What statewide interest does this project address as it relates to Chapter 216.052(1)? \_\_\_\_\_

**4. Requester:**

Name: \_\_\_\_\_ Organization : \_\_\_\_\_

**5. Recipient:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Counties: \_\_\_\_\_ Gov't Entity  or Private Organization (Profit/Not for Profit)

**6. Contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

7. **Project Description:** (Include services to be provided) \_\_\_\_\_

8. Is this project related to a federal or state declared disaster? Yes  No

8a. If yes, which declared disaster? \_\_\_\_\_

8b. If yes, what year?: \_\_\_\_\_

9. **Measurable Outcome Anticipated :** \_\_\_\_\_

10. Amount you are requesting from the State for this project this year? Amount Requested: \$

11. Total cost of project this year: \$

12. Is this request being made to fund (check all that apply): Operations  Construction

13. What type of match exists for this request? Local  Private  Federal  None

13a. Enter all amounts that apply: Total Cash Amount \$  Total In Kind Amount \$

14. Was this project previously funded by the State? Yes  No

14a. If yes, most recent Fiscal Year \_\_\_\_\_ (eg. 2002-2003) Amount: \$

15. Is future-year funding likely to be requested? Yes  No

15a. If yes, how much? \$

15b. Purpose for future year funding: Recurring Operations  Non-Recurring Construction  Other \_\_\_\_\_

16. Will this be an annual request? Yes  No

17. Was this project included in an Agency Budget Request? Yes  No

17a. If yes, name the Agency: \_\_\_\_\_

18. Was this project included in the Governor's Recommended Budget? Yes  No  Unknown

19. Is there documented need for this project? Yes  No

19a. If yes, what is the documentation? (eg: LRPP, Agency Needs Assessment, etc.) \_\_\_\_\_

20. Was this project request heard before a publicly-noticed meeting of a body of elected officials (municipal, county, or state)? Yes  No

20a. If yes, name the Body: \_\_\_\_\_

21. Is this a water project under s. 403.885, F.S.? Yes  No

(See [http://www.dep.state.fl.us/water/waterprojectfunding/2007/wpf\\_2007\\_main.htm](http://www.dep.state.fl.us/water/waterprojectfunding/2007/wpf_2007_main.htm) for more information including historical funding)

If Yes, please complete Page 2

**IMPORTANT: ATTACH APPROPRIATE SUPPORTING DOCUMENTATION FOR THIS CBIRS REQUEST**

**21a.** Is the project eligible under section 403.885(2), F. S., to protect public health or the environment; and implement plans developed pursuant to the Surface Water Improvement and Management Act created in part IV of Chapter 373, F.S., other water restoration plans required by law, management plans prepared pursuant to s. 403.067, F.S., or other plans adopted by local government for water quality improvement and water restoration? Yes  No

**22.** Is your project addressed in a state, regional or local plan (such as a SWIM Plan, Comprehensive Plan, Local Master Plan, etc.)?

Yes  No

**22a.** If yes, name the plan and cite the pages on which the project is described \_\_\_\_\_

**23. Are you requesting funding for a stormwater, surface water restoration, or other water management project?** Yes  No

**If yes, answer the following:**

**23a.** In which Water Management Districts area is your project located? \_\_\_\_\_

**23b.** Have you provided at least a 50% match (that is, one-half the total project cost identified in this request)? Yes  No

**23c.** If yes, identify the amount and source of any match being provided: Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

**23d.** Will this project reduce pollutant loadings to a water management district designated "priority" surface water body? Yes  No

(See [www.dep.state.fl.us/water/waterprojectfunding/WMDprioritywaters.htm](http://www.dep.state.fl.us/water/waterprojectfunding/WMDprioritywaters.htm) for list of priority water bodies.)

**23e.** If yes, name the water body: \_\_\_\_\_

**23f.** If yes, describe, specifically, how it will reduce loadings, identify anticipated load reductions for total suspended solids, total nitrogen, total phosphorus, and other contaminants, and specify the practices that will be used to reduce loadings: \_\_\_\_\_

**23g.** Is the project under construction? Yes  No

**24. Are you requesting funding for a wastewater project?** Yes  No

**If yes, answer the following:**

**24a.** Does your project qualify for funding from DEP's "Small Community Wastewater Treatment Grant Program" under section 403.1838, F.S.?

Yes  No  (See [www.dep.state.fl.us/water/wff/cwsrf/smalcwgp.htm](http://www.dep.state.fl.us/water/wff/cwsrf/smalcwgp.htm) for information)

**24b.** If yes, have you received or applied for funding? Yes  No

**24c.** If yes, provide the DEP Disadvantaged Small Community Grant project number \_\_\_\_\_

**24d.** Have you received or applied for funding for this project from DEP's State Revolving Fund (SRF) program under section 403.1835, F.S.?

Yes  No  (See [www.dep.state.fl.us/water/wff/cwsrf/index.htm](http://www.dep.state.fl.us/water/wff/cwsrf/index.htm) for information)

**24e.** If yes, provide the DEP SRF project number \_\_\_\_\_

**24f.** Is the project under construction? Yes  No

**24g.** Have you provided at least a 25% match (that is, one-quarter the total project cost identified in this request)? Yes  No

**24h.** If yes, identify the amount and source of the match: Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

**25. Are you requesting funding for a drinking water project?** Yes  No

**If yes, answer the following:**

**25a.** Have you received or applied for funding for this project from DEP's State Revolving Fund (SRF) program under section 403.8532, F.S.?

Yes  No  (See [www.dep.state.fl.us/water/wff/dwsrf/index.htm](http://www.dep.state.fl.us/water/wff/dwsrf/index.htm) for information)

**25b.** If yes, provide the DEP SRF project number \_\_\_\_\_

**25c.** Is the project under construction? Yes  No

**25d.** Have you provided a match? Yes  No

**25e.** If yes, identify the amount and source of the match: Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_