

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

**FOR AGENCY USE:** Date application received: \_\_\_\_\_

**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.)

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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>.*