



Mini-FARMS Program Applicant Handbook

Fiscal Year 2019

Mini-FARMS Program

For Agricultural Water Conservation Best Management Practices

A 75% Cost share program with up to \$8,000 per reimbursement

Partnered and Facilitated by:

Florida Department of Agriculture and Consumer Services

Southwest Florida Water Management District



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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 Office Chief, 2379 Broad St., Brooksville, FL 34604-6899; telephone (352) 796-7211 or 1-800-423-1476 (FL only), ext. 4703; or email ADACoordinator@WaterMatters.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1-800-955-8771 (TDD) or 1-800-955-8770 (Voice).

Introduction

This handbook, amended in Fiscal Year 2019, provides information to applicants wishing to participate in the Mini-FARMS Program. The Mini-FARMS Program is a partnership between the Florida Department of Agriculture and Consumer Services - FDACS (Department) and the Southwest Florida Water Management District (District). The Mini-FARMS program is a cost share program that assists agricultural operations to conserve water and protect water quality within the District's 16 counties.

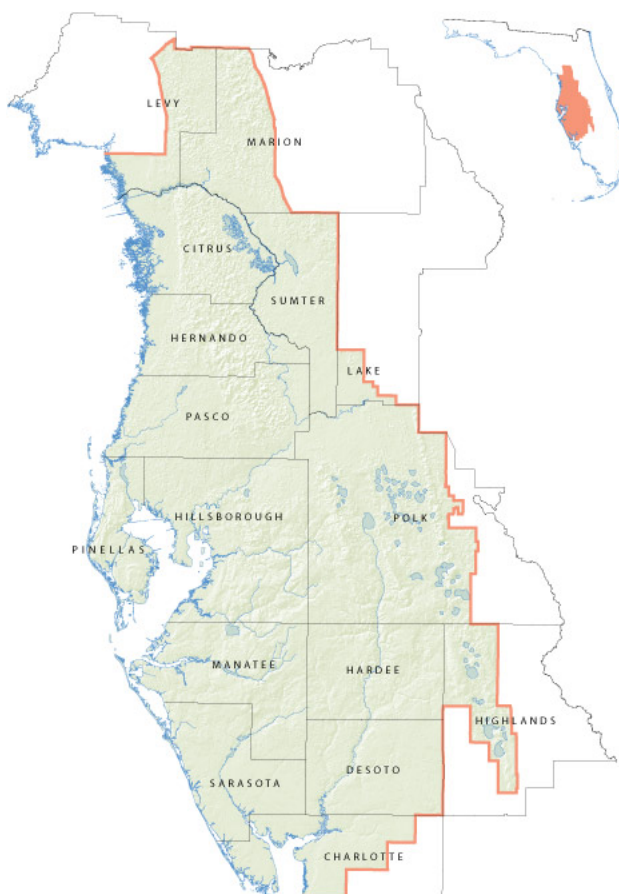


Figure 1. Map of the District

The Mini-FARMS program promotes agricultural water quality and water quantity best management practices (BMPs) and provides overall water resource benefits to agriculture properties. The Mini-FARMS program provides an incentive for enrollment in the Department-adopted agricultural BMPs program, through a Notice of Intent (NOI). Through the Mini-FARMS program, the District will reimburse growers for select agricultural practices that have water conservation potential and/or water quality improvement benefits.

Program Guidelines

To be eligible to participate in the Mini-FARMS Program, the application must meet the following guidelines:

- ◆ The irrigated area/crop production area must be 100 acres or less.
- ◆ The property must be actively engaged in agriculture for the last two years.
- ◆ The property must be located within the District's boundary.
- ◆ The property must be enrolled in the applicable Department's BMP program.
- ◆ The property must be in compliance with District regulatory requirements.
- ◆ The irrigation system must have been evaluated by a Mobile Irrigation Lab (MIL) within the last 18 months or must be scheduled for an evaluation within 18 months following project approval. Contact Department and/or District staff for MIL information or visit WaterMatters.org/Mobile.
- ◆ Applicants can be approved for up to two (2) projects per NOI and/or Water Use Permit (WUP) area within the same District fiscal year not to exceed five (5) applications during the Mini-FARMS program lifetime. The number of approved projects will be tracked by NOI and/or WUP area by FARMS staff.

Reimbursement Amount and Percentages

The Mini-FARMS Program is a partnership program between the Department and the District. Both entities may contribute to the funds individually or in partnership. The Department and District funding levels, eligible practices and amount of reimbursement may vary year-to-year.

The District will prioritize contributing funding towards BMP eligible practices that have potential groundwater conservation savings. The Department will prioritize funding towards BMP eligible practices that have potential water quality improvements.

Eligible Best Management Practices (BMP)

The District is offering cost share incentives, up to 75% of total project cost, not to exceed \$8,000 towards the following potential groundwater savings BMP practices:

Eligible BMP:

Soil moisture probes, tensiometers or equivalent technology

Weather station

Culverts with riser board structures

Surface water pump

Shed for surface water pump stations

Surface water filtration system

Surface water disinfection system

Surface water pump station automation

Groundwater pump station automation

Flow meters (for systems not required to meter by the District)

Mainline pipe for surface water delivery

Cloth for cold protection in Dover/Plant City Water Use Caution Area

Rainwater harvest cisterns

Irrigation conversions (from high to low volume irrigation systems)

Other approved water conservation BMP practices

The Application Process

- ◆ Interested applicants that meet the Mini-FARMS Program guidelines should schedule a pre-application meeting with the appropriate Department staff.
- ◆ Applicant must enroll with the Department's BMP program by signing a NOI form under the appropriate BMP Program. If the applicant is already enrolled in the BMP Program, staff will locate the NOI number and note it on the application.
- ◆ Submit a complete Mini-FARMS cost share application (provided with this handbook). A complete Mini-FARMS application consists of:
 - a. A signed and dated application, including the Mini-FARMS maintenance agreement form.
 - b. An itemized budget or vendor quote with the costs involved in the installation of the BMP practice.
 - c. A *Request for Taxpayer Identification Number and Supplier Classification* form (the District's substitute W-9) completed by the applicant(s).
- ◆ Once the application has been received and approved, the District will notify the applicant via email and the installation of the BMP practice may start. Items can NOT be purchased/installed before the application has been processed and approved.

The Reimbursement Process

- ◆ After project is installed and fully paid for, contact your Department or District representative.
- ◆ Complete a Request for Reimbursement form.
- ◆ Provide the invoice and proof of payment to the Department/District staff.
- ◆ Department/District will conduct a site visit to document the BMP practice installed.

Program Contacts

Department's contact

Patricia Hobson
Environmental Specialist III
Office of Agriculture Water Policy
Florida Department of Agriculture and
Consumer Services (FDACS)

Office: (941) 377-3722 Ext. 6516

Fax: (941) 341-1294

Cell: (850) 688-0818

Patrica.Hobson@freshfromflorida.com

District's contact

Matt Vinzant
Environmental Scientist
FARMS Program
Southwest Florida Water Management
District (SWFWMD)

Office: (941) 377-3722 Ext: 6531

Fax: (941) 341-1294

Matt.Vinzant@watermatters.org

Southwest Florida Water Management District
6750 Fruitville Road
Sarasota, Florida 34240

APPENDIX

Mini-Farms Cost Share Program Application

Date: _____ County: _____
 Applicant: _____
 Mailing Address: _____
 Phone: _____
 Email: _____
 Parcel ID(s): _____
 Project Acreage: _____ Crop(s): _____ WUP #: _____
 NOI #: _____

Indicate the BMP practices and their respective costs:

# of Items	Eligible BMP Practices	Estimated Cost
	Soil moisture probes, tensiometers or equivalent technology	
	Weather station	
	Culverts with riser board structures	
	Surface water pump	
	Shed for surface water pump stations	
	Surface water filtration system	
	Surface water chlorination system	
	Surface water pump station automation	
	Groundwater pump station automation	
	Flow meters (for systems not required to meter by the District)	
	Mainline pipe for surface water delivery	
	Crop cloth for cold protection of crops in the DPCWUCA	
	Rainwater harvest cisterns	
	Irrigation conversions (from high to low volume irrigation systems)	
	Other Approved Water Conservation Projects	
	Total Project Cost	
	75% Estimated Reimbursement	
	Maximum Reimbursement \$ 8,000	

Application must include:

- 1) Itemized project budget and copies of vendor quotes

Submit application to:
 Patricia Hobson
 FDACS Office of Agricultural Water Policy
 Office: (941) 377-3722 Ext. 6516
 Fax: (941) 341-1294
 Cell: (850) 688-0818
Patricia.Hobson@freshfromflorida.com

The following are Mini-FARMS cost share program qualification requirements.

For each item below, Please select the answer that applies to your project:

Yes No N/A Have you applied for other cost share programs to fund this project? If yes, provide the program name, amount receiving and items funded: _____

Yes No N/A Have you previously participated in the Mini-FARMS cost share program?

Yes No N/A Is the agricultural operation a non-irrigated cow/calf or equine operation?

Yes No N/A Is the project located within the District's boundaries?

Yes No N/A Has the property been actively used for agriculture for the past two years?

Yes No N/A Is the property in compliance with the applicable District's regulatory requirements?

Yes No N/A Is the property enrolled in the applicable Department's adopted BMP Program?

Yes No N/A If implementing water conservation BMP(s), has a Mobile Irrigation Lab evaluation been completed for the property? If no, please schedule a meeting.

Yes No N/A If the qualifying BMP(s) is not a first-time, new installation, can it be demonstrated that improvements to the system, through replacement items, will have environmental benefits. Please explain how you will demonstrate this: _____

Yes No N/A For a practice that falls under "other approved water conservation projects", can water savings can be demonstrated? Please explain how you will demonstrate this: _____

Yes No N/A Has any work started or equipment been purchased prior to project approval?

Mini-FARMS Maintenance Agreement

I, _____, agree to the terms of this Agreement which shall become effective upon execution by the parties and shall expire three (3) years from the date a reimbursement request is submitted.

1. The Participant shall implement and maintain the BMP(s) funded under the Mini-FARMS Program during the term of this Agreement.
2. Items and materials funded under the Program will remain the property of the Department and/or the District during the term of this Agreement.
3. The Participant is responsible for the replacement of any Program-funded property that may be lost, damaged, or stolen during the term of this Agreement.
4. In the event of property sale or change of land use, the Participant shall notify the Department and the District who may elect to recover reimbursement from the Participant in an amount equal to the full cost-share reimbursement amount, less depreciation calculated on straight-line basis over the three (3) year maintenance period.
5. Upon 48-hour notice, the Department and/or the District shall be given access to examine or audit all project related records and documents. The Participant shall maintain all such records and documents for at least five (5) years following the expiration or termination of this Agreement. All records and documents are subject to the Public Records Act, Chapter 119, F.S. This provision shall survive the expiration or termination of this Agreement.
6. The Participant assumes full responsibility for any and all risks associated with the use of the BMP(s), and releases, waives and covenants not to sue the Department or the District for any loss or damage resulting from the Participant's use of the BMP(s). This provision shall survive the expiration or termination of this Agreement.
7. Pursuant to Section 216.347, F.S., the Participant is prohibited from using funds provided by this Agreement for the purpose of lobbying the Legislature, the judicial branch or a state agency.

IN WITNESS WHEREOF, the parties hereto, or their lawful representatives, have executed this Agreement on the day and year set forth next to their signatures below.

Applicant's signature	Date
Department's authorized signature	Date
District's authorized signature	Date

Any changes to project representative status must be provided in writing to all parties.

Mini-FARMS Request for Reimbursement

Project #:

Name:

Address:

BMP practice	Unit Cost	Total Cost	% Cost Share	Amount Requested

Certification Statement:

I certify that the BMP(s), as indicated on this form have been implemented on the property described herein.

Participant's signature

Date

Total	
Reimbursement Total (up to \$ 8,000)	

Department's authorized signature

Date

District's authorized signature

Date

Please include the following:

- Invoice(s) and proof of payment.
- Pictures taken during construction and of completed project.

Southwest Florida Water Management District
 Finance Bureau
 2379 Broad Street
 Brooksville, Florida 34604-6899
 (352) 796-7211 Fax: (352) 754-3497

RETURN BY MAIL, EMAIL OR FAX
 All prospective vendors must submit this substitute W-9 form in order to be registered in the District's vendor system. Form must be signed and dated. If you have any questions, please call Procurement at 352-796-7211 or email to procurement@watermatters.org.

Request for Taxpayer Identification Number and Supplier Classification

Taxpayer Identification

Legal Name (as reported on income tax return, must match TIN provided below):

Alias/DBA - Business Name (if different from above):

Owner's Name:

Mailing Address (for purchase orders/agreements):	City:	State:	Zip Code:
Telephone Number:	Fax Number:	Toll-free Number:	
Contact Person:	Title:	E-mail Address:	
Remit Address (for payments):	City:	State:	Zip Code:
Telephone Number:	Contact Person:	Title:	

Organization Type (check appropriate box) (REQUIRED)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC (Limited Liability Company)	<input type="checkbox"/> LLC (Limited Liability Corporation)	<input type="checkbox"/> LLP (Limited Liability Partnership)
<input type="checkbox"/> OTHER (Government, School/College, Non-Profit, Utility, Professional Assn.):	PLEASE IDENTIFY OTHER CLASSIFICATION:	<input type="checkbox"/> Exempt from backup withholding

Taxpayer Identification Number (TIN)

Employer Identification Number (9-digits)	Social Security Number (9-digits)

Nature of Business (describe major services or commodities that you provide.)

COMMODITIES: _____

SERVICES: Legal Appraisals Well Drilling Educational Security Temporary Media Construction Other (describe type of service) _____ **FARMS program**

Business Representation (The District supports the growth and development of certified Minority and Women-Owned business enterprises and reports M/WBE and Small Business spend activity to the State of Florida) (If applicable, select only one.)

AFRC = African American ASIA = Asian American HISP = Hispanic NATV = Native American

WOMN = Woman Owned SERV = Social Services Small Business Veteran Other _____

Do you accept VISA credit cards for payment? Yes No

You are encouraged to authorize electronic payments. If you are interested, please complete and submit our *Vendor Electronic Payment Authorization* form, which is available on our web site at <http://www.swfwmd.state.fl.us/business/contproc/>.

CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE	Signature of U.S. Person ►	Date ►
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DISTRICT USE ONLY: SRVC_AREA _____ VCUST_ID _____ Entry Date _____ By: _____

VC _____ District Contact: _____

INSTRUCTIONS

Taxpayer Identification

It is very important that you provide accurate information that matches how you report information on Federal tax documents.

Specific Instructions for Name:

- **Sole Proprietor.** Enter your **individual** name as shown on your social security card on the "Owner's Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line. (If TIN is a Social Security number, please enter the name associated with the SSN in the "Legal Name" field.)
- **Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Owner's Name" field.** Enter the LLC's name on the "Business Name" field.
- **Other entities.** Enter your business name as shown on required Federal tax documents on the "Legal Name" field. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business Name" field, if different.

Organization Type

It is required that you select one status in this section. If you select **Other**, please indicate your status in the space provided (i.e., government, school/college, professional association, utility, non-profit).

Taxpayer Identification Number (TIN)

- **Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get a Social Security Number (SSN), your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box.
- If you are a **sole proprietor** and you have an Employer Identification Number (EIN) you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.
- If you are a single-owner **LLC** that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

The Taxpayer Identification Number (SSN or EIN) you provide to the District will not be used for any purpose other than to comply with Internal Revenue Service reporting requirements.

Nature of Business

- **Commodities** – Please provide the commodity codes identifying the commodities you offer from the listing available at <http://www.swfwmd.state.fl.us/business/contproc/>.
- **Services** – Please check the service that best defines your services. If an appropriate choice is not listed, check Other and provide a brief description.

Business Representation

If your business meets the requirements of a "**Small Business**" or "**M/WBE**" according to the definitions that follow (s. 288.703, Florida Statutes, Commercial Development and Capital Improvements), it is important that you select the correct classification to assist the District in properly reporting its spend activity with your business to the State of Florida.

"**Small business**" means an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than \$5 million or any firm based in this state which has a Small Business Administration 8(a) certification. As applicable to sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.

"**Minority business enterprise**" means any small business concern as defined in subsection (1) which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51-percent-owned by minority persons who are members of an insular group that is of a particular racial, ethnic, or gender makeup or national origin, which has been subjected historically to disparate treatment due to identification in and with that group resulting in an under representation of commercial enterprises under the group's control, and whose management and daily operations are controlled by such persons. A minority business enterprise may primarily involve the practice of a profession. Ownership by a minority person does not include ownership which is the result of a transfer from a nonminority person to a minority person within a related immediate family group if the combined total net asset value of all members of such family group exceeds \$1 million. For purposes of this subsection, the term "related immediate family group" means one or more children under 16 years of age and a parent of such children or the spouse of such parent residing in the same house or living unit.

"Minority person" means a lawful, permanent resident of Florida who is:

- (a) An African American, a person having origins in any of the racial groups of the African Diaspora, regardless of cultural origin.
- (b) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (c) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
- (d) A Native American, a person who has origins in any of the Indian Tribes of North America prior to 1835, upon representation of proper documentation thereof as established by rule of the Department of Management Services.
- (e) An American woman.

Social Services means not-for-profit vendors who enable disadvantaged individuals (i.e., inmates, handicapped, disabled) to be productive citizens.

Veteran – If selected, please indicate if under 8A classification.

Other – If selected, please provide the description of authorized category not provided as a selection.

Certification

An authorized representative of the business, who is able to certify that the information regarding the TIN is accurate, should sign this document.

**Southwest Florida Water Management District
Finance Bureau – Accounts Payable**

Vendor Electronic Payment Authorization
(Please refer to instructions attached to this form.)

Section 1: Transaction Type		
<input type="checkbox"/> New Request	<input type="checkbox"/> Change Account Information	
Section 2: Payee Information		
Federal Employer's Identification Number or Social Security number:		
Business Name:		
Mailing Address:		
City:	State:	Zip:
Contact Person:		
Phone Number:	Fax Number:	
Email Address for Remittance Advices:		
Section 3: Direct Deposit Account Information		
<i>I authorize the Southwest Florida Water Management District to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments printed with this form.</i>		
Authorized Signature:		Date:
Printed Name:	Title:	
Financial Institution Name:		
Type of Account:	<input type="checkbox"/> checking <i>(attach a copy of voided check or verifying document)</i>	
	<input type="checkbox"/> savings <i>(attach a copy of a deposit slip or verifying document)</i>	
Account Name:		
Bank's ABA (routing) Number:	Bank Account Number:	
<p align="center">Mail the ORIGINAL form to:</p> <p align="center">ATTN: Accounts Payable Lead Southwest Florida Water Management District 2379 Broad Street Brooksville, FL 34604-6899</p>		
<< DISTRICT USE ONLY >>		
Date Received by Finance:	Date Entered to System:	VC #:
Acknowledgement sent to email address provided and Accounts Payable staff notified:		
Comments:		

**Southwest Florida Water Management District
Finance Bureau – Accounts Payable**

Instructions for Electronic Payment Authorization

(Please contact us at (352) 796-7211, extension 4108, if you have any questions or need assistance.)

This form is for registered Vendors of the District who wish to receive payments electronically for goods or services provided.

Section 1: Transaction Type

- Indicate whether this request is new or to make a change to existing information.

Section 2: Payee Information

- Taxpayer Identification Number (*Federal Employer's Identification Number or Social Security number*) must be provided to ensure proper identification of the payee. *NOTE: The Taxpayer ID Number you provide will only be used for the purpose of complying with filing requirements imposed by the Internal Revenue Code and Section 119.071(5)(a)7, Florida Statutes.*
- The Business Name provided must match the Payee name that is registered in the District's vendor system for payments to be sent electronically.
- Please provide your company address that is required for payments.
- The name and phone number of a Contact Person is required.
- An email address must be provided for receipt of the EFT remittance notification that will be sent on the date each payment is processed.

Section 3: Direct Deposit Account Information

- The signer of this form must be an authorized signer on the account that is identified.
- Please be sure to enter the date.
- Print signer's name and title.
- Provide name of financial institution/bank.
- Indicate the bank account type (checking or savings).
- Attach a voided check, deposit slip, letter from bank or company bank details fact sheet.
- Provide the Account Name.
- Provide the Bank's ABA (9-digit routing) number.
- Provide your company's bank account number.

SEND THE ORIGINAL COMPLETED FORM WITH ATTACHMENT BY US MAIL

.....

TERMS AND CONDITIONS

Processing time will be several weeks following receipt of the original of a completed form. Notification will be sent to the email provided on the form to inform of the date the electronic payments become effective.

This authorization will remain in effect until terminated in writing (email or letter) with sufficient notice to the District to allow adequate time to effect termination. The District will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may change the information on this form by submitting a new form with the change information identified. Changes to account information will cause the original authorization to be inactivated immediately, which may result in issuance of a check for the next scheduled payment.

This form authorizes the District to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. Such entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

The District does not send payments electronically to financial institutions outside the United States.

