



## WISE Program Applicant Handbook

Facilitated by:

Southwest Florida Water Management

District Fiscal Year 2021



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WISE Cost Share Program Application

WISE Program and Maintenance Agreement Form

SWFWMD Request for TIN and Supplier Classification (W-9) Form  
Electronic Payment Authorization

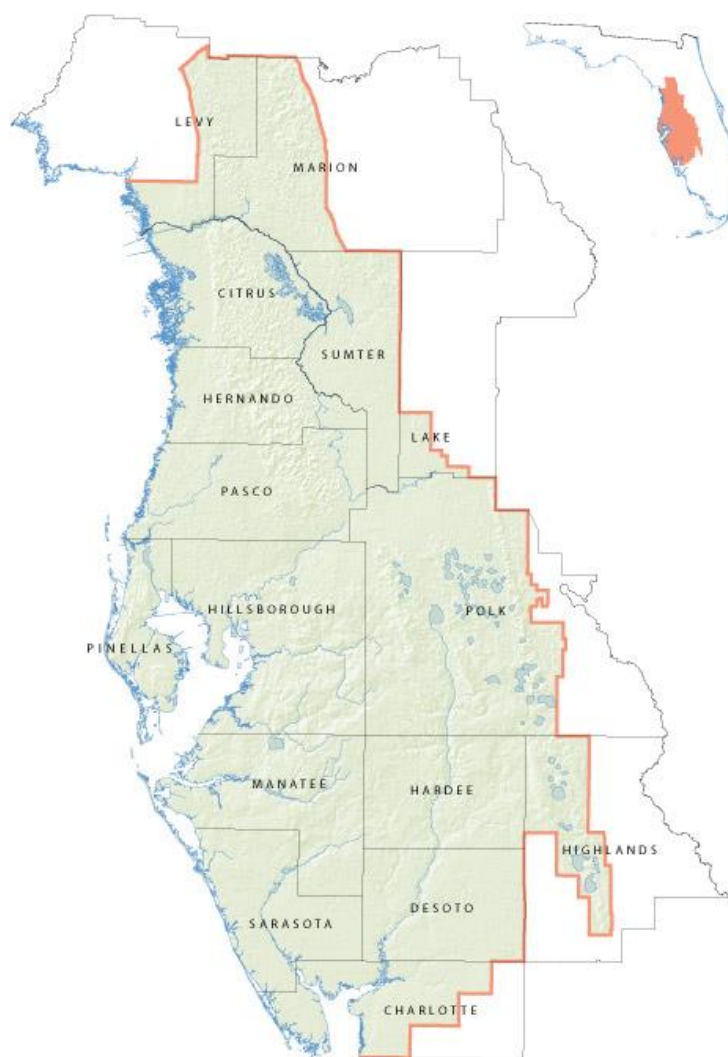
WISE Request for Reimbursement

*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, services, and activities. Anyone requiring reasonable accommodation, or who would like information as to the existence and location of accessible services, activities, and facilities, as provided for in the Americans with Disabilities Act, should contact Donna Eisenbeis, Sr. Performance Management Professional, at 2379 Broad St., Brooksville, FL 34604-6899; telephone (352) 796-7211 or 1-800-423-1476 (FL only), ext. 4706; or email [ADACoordinator@WaterMatters.org](mailto: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). If requested, appropriate auxiliary aids and services will be provided at any public meeting, forum, or event of the District. In the event of a complaint, please follow the grievance procedure located at [WaterMatters.org/ADA](http://WaterMatters.org/ADA).*

## **Introduction**

The WISE (Water Incentives Supporting Efficiency) Program's purpose is to financially incentivize water conservation projects for non-agricultural water users. This supports the District's mission to ensure the public's water needs are met and the District's strategic goal to enhance efficiencies in all water-use sectors to ensure beneficial use. WISE is a 50% cost share program with up to \$20,000 of District funds per project.

This handbook provides information to applicants wishing to participate in the WISE Program. This document is subject to change by the District as the program continues to be developed.



*Figure 1. Map of the District*

## **Program Guidelines**

To be eligible to participate in the WISE Program, the application must meet the following guidelines:

- 1) The property must be located within the District's boundary. (See Figure 1)
- 2) The property must be in compliance with District regulatory requirements.
- 3) Water source being conserved must be one of the following: utility supplied potable water, groundwater, or surface water.
- 4) Application and WISE Program and Maintenance Agreement must be executed by the property owner.
- 5) Individual homeowners are not eligible for funding.
- 6) Operation and maintenance activities are not eligible for funding.
- 7) Project should be completed within 1 year of funding approval.
- 8) Water savings calculations are required. District staff are available to assist for most project types. Savings should be calculated using the following guidance:
  - a. If water use is known for a given device (such as a toilet) and a more water efficient device is proposed with the project, then provide savings estimate based on pre-project vs post-project usage in gallons per day.
  - b. If usage varies day to day, and/ or season to season, then provide the average throughout the year.
  - c. In instances where the property is involved with new construction, calculations should show how the project equipment is more efficient than conventional equipment on the market (water savings would be the difference in use between conventional and high efficiency equipment).

## **Reimbursement Amount and Percentages**

- Up to 50% of total project costs. Some items have a maximum reimbursable amount per unit, see eligible water conservation items list on page 6.
- The maximum District reimbursement is \$20,000 per project.
- In instances where the property is involved with new construction and completely new water use, reimbursement amounts will only fund 50% of the incremental cost increase between conventional equipment and the high efficiency project equipment. Bid/quote documentation will be necessary for both a conventional version of the equipment and the high efficiency project equipment.

The WISE program funding, eligible items, and amount of reimbursement may vary year-to-year. Funds will be awarded on a “first come, first serve” basis until funds are depleted. Reimbursement payments will be made to the applicant as identified on the *Request for Taxpayer Identification Number and Supplier Classification* form. If the applicant prefers, payment can be made electronically, in which case the Vendor Electronic Payment Authorization form found on the Districts' website at: [swfwmd.state.fl.us/media/905](http://swfwmd.state.fl.us/media/905) must be submitted.

### **Eligible Water Conservation Items (list is not comprehensive)**

The District is offering funds for a wide variety of water-savings items. Other items not listed here could be still be eligible for funding pending District approval. In addition to the hardware components, the necessary labor, installation, and design costs are eligible expenses when a third party or contractor is used. Indoor plumbing fixtures have caps on the maximum reimbursable amount per item. Eligible items are shown below:

#### **Outdoor:**

1. Soil moisture sensors or equivalent technology
2. Weather stations
3. Rainwater harvest cisterns/equipment
4. Irrigation conversions (from high volume spray to low volume micro)
5. Smart irrigation controllers
6. Irrigation evaluations

#### **Indoor:**

<b>Item</b>	<b>Allowable Cost Per Item</b>	<b>Maximum District reimbursement per item</b>
High efficiency toilet tank type 1.28 gpf or less	\$100	\$50
High efficiency toilet flush-valve type 1.28 gpf or less	\$200	\$100
Watersense-labeled showerhead	\$15	\$7.50

#### **Other:**

1. Cooling tower modifications (e.g. pretreatment, filtration)
2. Equipment to allow sequential water reuse
3. Improved control systems (automatic shut-off devices) and flow meters (for systems not required to metered by the District)
4. Pressure regulation
5. A/C condensate capture
6. Processes modifications
7. Other approved water conservation practices subject to District approval

## **Application Process**

1. Interested applicants can schedule a pre-application meeting with District staff listed on page 9. Staff can perform a site inspection, and, for most project types, help calculate estimated water savings.
2. Submit a complete WISE Cost Share Program Application (provided with this handbook). A complete WISE application consists of:
  - a. A signed and dated application (project information pages).
  - b. Water savings estimate and documentation of calculations, as described in program guidance.
  - c. WISE Program and Maintenance Agreement signed by an authorized signatory of the applicant. Documentation evidencing signatory's authority may be requested by the District.
  - d. In order for expenses to be eligible for reimbursement under the WISE Program, the following procurement standards must be met:
    - i. If the funding request is under \$10,000 – one (1) documented quotation is required
    - ii. If the funding request is between \$10,000 and \$20,000 – two (2) competitive written quotations are required
  - e. *A Request for Taxpayer Identification Number and Supplier Classification* form (the District's substitute W-9) completed by the applicant.

## **Application Evaluation**

1. District staff will notify applicant that the application was received within 10 business days of submittal.
2. District staff will contact the applicant with any questions and perform a cost effectiveness calculation to verify the project meets the minimum threshold for funding. The threshold for funding is shown in the table below.

Eligible for Funding	Ineligible for Funding
\$6.00 per 1000 gallons saved or less	\$6.01 per 1000 gallons saved or more

3. The District may elect to perform a site visit to better understand the project and water related benefits. For example, District staff will need to perform an inspection of 20% of plumbing fixtures to verify flow rates.
4. Once the application review is completed (could take up to 6 weeks), the District will notify the applicant in writing (via email) as to whether the project is approved for funding. Once approved, the project may begin.  
**Items CANNOT be purchased or installed before the application has been processed and approved.**

### **Reimbursement Process**

1. After project is complete and fully paid for, contact District staff.
2. Submit a completed Request for Reimbursement form, along with an invoice and proof of payment for reimbursable items.
3. The District will conduct a site visit to verify the item(s) were installed.
4. The District will issue reimbursement within 30 days of site visit.



## **Program Contacts**

**Primary:**

**Josh Madden**

Water Resources Bureau

2379 Broad Street

Brooksville, FL 34604-6899

352-796-7211 ext. 4197

1-800-423-1476 (Florida only)

[josh.madden@watermatters.org](mailto:josh.madden@watermatters.org)

**Alternate:**

**Cassidy Hampton**

Water Resources Bureau

2379 Broad Street

Brooksville, FL 34604-6899

352-796-7211 ext. 4406

1-800-423-1476 (Florida only)

[cassidy.hampton@watermatters.org](mailto:cassidy.hampton@watermatters.org)

Application to follow.



Application must include:

1. Itemized project budget and signed questionnaire (pages 11, 12 and 13)
2. Copies of vendor quotes (as described in application process on page 7)
3. Water savings calculation documentation (as described on page 4)
4. Signed WISE Program and Maintenance agreement form (page 14)
5. Signed Taxpayer identification form (pages 15 and 16)

The following questionnaire helps determine eligibility. For each item below, please select the answer that applies to your project:

Yes	No	Is the project located within the District's boundaries?
Yes	No	Is the property in compliance with the applicable District's regulatory requirements?
Yes	No	Does this project conserve water that is purchased from a water supply utility? If yes, provide the name of the utility:
Yes	No	Does this project conserve reclaimed water (treated effluent)?
Yes	No	Are you applying on behalf of a commercial (corporation)/ governmental/ or HOA type of entity?
Yes	No	If your project is replacing existing equipment, is the existing equipment currently operational and functional?
Yes	No	Does your application include project specific water savings estimates/calculations?
Yes	No	Is the project planned to be completed within 1 year from application?
Yes	No	Has any work started or equipment been purchased prior to submittal?
Yes	No	Is the property undergoing new construction?
Yes	No	If yes, does the application include documentation of the difference in costs and water savings between conventional items and high efficiency project equipment?
Yes	No	Has applicant previously participated in the WISE cost share program?



### **WISE Program and Maintenance Agreement**

The undersigned hereby agrees to the terms of this Agreement which shall become effective upon execution by the parties and shall expire five (5) years from the date the reimbursement request is received by the District.

1. The Participant shall implement and maintain the items funded under the WISE Program during the term of this Agreement.
2. The Participant is responsible for the replacement of any Program-funded items that may be lost, damaged, or stolen during the term of this Agreement.
3. In the event of abandonment of Program funded items or property sale, the Participant shall notify 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 five (5) year maintenance period.
4. Upon 48-hour notice, the District shall be given access to facilities/property to examine all Program-funded items.
5. Upon 48-hour notice, the District shall be given access to examine or audit all Program 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 Program funded items, and releases, waives and covenants not to sue the District for any loss or damage resulting from the Participant's use of the items. The Participant further agrees to indemnify the District for any and all liabilities, claims, and expenses caused or incurred, in whole or in part, as a result of any act or omission by the Participant, its officers, employees, contractors, agents, assigns or anyone for whose acts or omissions any of these persons or entities may be liable during Participant's performance under this Agreement. 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.

\_\_\_\_\_  
Print Legal Name of Participant

SOUTHWEST FLORIDA WATER  
MANAGEMENT DISTRICT

By: \_\_\_\_\_  
Print Name of Authorized Signatory

By: \_\_\_\_\_  
Print Name of Authorized Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if company)

\_\_\_\_\_  
Title

**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](mailto: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)**

- ☐ Corporation ☐ Individual / Sole Proprietor ☐ Partnership  
☐ LLC (Limited Liability Company) ☐ LLC (Limited Liability Corporation) ☐ LLP (Limited Liability Partnership)  
☐ OTHER (Government, School/College, Non-Profit, Utility, Professional Assn.): PLEASE IDENTIFY OTHER CLASSIFICATION: ☐ 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:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to issued to me), and
2. 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
3. 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 ►

**DISTRICT USE ONLY:** SRVC\_AREA \_\_\_\_\_ VCUST\_ID \_\_\_\_\_ Entry Date \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_VC \_\_\_\_\_ District Contact: \_\_\_\_\_

### 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 "**MWBE**" 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 non minority 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:

- An African American, a person having origins in any of the racial groups of the African Diaspora, regardless of cultural origin.
- 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.
- 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.
- 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.
- 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.



