

HARMFUL ALGAL BLOOM MANAGEMENT GRANT FUNDING APPLICATION

GRANT INFORMATION AND ELIGIBILITY CRITERIA

Purpose: To immediately provide targeted algal bloom clean-up efforts to significantly impacted areas, such as marinas, boat ramps and other public access areas located within defined counties to help manage the impacts of Harmful Algal Blooms (HAB). DEP is committed to continuing to identify and implement new technologies and projects to restore our waterways and prevent harmful algal blooms. Long-term solutions for algal bloom management service are being solicited through an Invitation to Negotiate, please contact Lori Anderson with the Department's procurement section at Lori.L.Anderson@dep.state.fl.us or 850-245-2355, or visit http://www.myflorida.com/apps/vbs/vbs_www.ad_r2.view_ad?advertisement_key_num=141124 for more information.

Size of Grant: The Florida Department of Environmental Protection has identified \$3,000,000 to help eligible counties provide targeted algal bloom clean-up efforts. Individual grant funding levels will be awarded based on the eligible activities within each application. Eligible costs will be funded at 100 percent.

Eligible Grant Recipients: The county governments of Glades, Hendry, Lee, Martin, Okeechobee, Palm Beach and St. Lucie Counties.

Any other local governments or special districts must coordinate with and submit project proposals to the county governments. County governments may apply on behalf of other local government entities but will be considered the sole applicant and the responsible Grantee for selected projects.

Eligible Grant Activities: Eligible activities are containment, removal, cleanup, elimination, transportation, and disposal of HAB(s) and by-products associated with the services provided. Proposals with a chemical or biological treatment applied directly to the waterbody will be evaluated for eligibility on a case by case basis.

Proposals containing a chemical or biological treatment component with a pesticidal or biocidal claim must meet the following Pesticide Application Restrictions:

- The pesticide to be applied must be:
 - applied by a Florida-licensed pesticide applicator,
 - applied per the label,
 - applied per the Generic Permit for Pollutant Discharges to Surface Waters of the State from the Application of Pesticides (62-621.300(8) F.A.C.),
 - a FIFRA registered pesticide,
 - approved for use in Florida, and
 - approved for use in surface waters.

- The application of the pesticide must not cause the rapid release of large amounts of cyanotoxin to the surface water, potentially increasing the hazard of the bloom to human health or aquatic organisms.
- The application of the pesticide must not cause a rapid decrease in dissolved oxygen to levels that pose a risk to the aquatic organisms (e.g., less than the appropriate Florida Surface Water Quality Criteria of Chapter 62-302, F.A.C.).
- The application of the pesticide must not cause a negative impact on other water quality standards or impairments (e.g., TMDLs).

Types of activities that should be directed to the Department's ongoing Invitation to Negotiate or Review of Innovative Technology, as opposed to this grant program for immediate clean-up services:

- Proposals that focus on nutrient management or long-term solutions to HAB(s).
- Ongoing solutions with activities addressing big-picture needs in HAB(s) areas, including:
 - Caloosahatchee Estuary Basin Management Action Plan (BMAP)
 - Lake Okeechobee BMAP
 - St. Lucie River and Estuary BMAP
 - Comprehensive Everglades Restoration Plan (CERP) Projects
 - e.g., C-44 Reservoir and STA, Everglades Agricultural Area, and C-43 Reservoir, Herbert Hoover Dike, Restoration Strategies
 - Northern Everglades and Estuaries Protection Program (NEEP) Projects
 - e.g., Lakeside Ranch, Dispersed Water Management Projects.

While these types of activities are not eligible for this specific grant program, DEP is committed to continuing to identify and implement new technologies and projects to restore our waterways and prevent harmful algal blooms. Long-term solutions for algal bloom management service are being solicited through an Invitation to Negotiate, please visit http://www.myflorida.com/apps/vbs/vbs_www.ad_r2.view_ad?advertisement_key_num=141124 for more information.

Application Process: *HAB(s) must be reported to the Department, and the Department may require verification prior to funding a grant.*

Before submitting your application, check the following website to see if the HAB(s) has been reported to the Department: <https://floridadep.gov/dear/algal-bloom/content/algal-bloom-sampling-results>. Open Full Size map and zoom in to your area. The key to colored points is located in the top right corner of your screen.

If the HAB(s) has not been reported, please report the HAB(s) to the Department at the following website as soon as possible: <https://floridadep.gov/dear/algal-bloom>.

- 1) Complete one copy of Section 1 and as many Section 2s as there are proposed project sites. Include all required attachments in the submittal email.**

- 2) Insurance Requirements: Applicants are required to attach a Certificate of Insurance as part of the application package, or the application will not be considered complete.

Self-Insured county governments must submit a statement of self-insurance from the Organization's Fiscal Agent. Non-self-insured county governments must submit a Certificate of Insurance with the requirement that Department, its employees, and officers shall be named as an additional insured on any general liability and automobile liability insurance policies. In either case, the following coverages are required:

Required Coverage. At all times during the Agreement the Grantee, at its sole expense, shall maintain insurance coverage of such types and with such terms and limits described below. The limits of coverage under each policy maintained by the Grantee shall not be interpreted as limiting the Grantee's liability and obligations under the Agreement. All insurance policies shall be through insurers licensed and authorized to issue policies in Florida, or alternatively, Grantee may provide coverage through a self-insurance program established and operating under the laws of Florida. Additional insurance requirements for this Agreement may be required elsewhere in this Agreement, however the minimum insurance requirements applicable to this Agreement are:

a. Commercial General Liability Insurance.

The Grantee shall provide adequate commercial general liability insurance coverage and hold such liability insurance at all times during the Agreement. The minimum limits shall be \$250,000 for each occurrence and \$500,000 policy aggregate.

b. Commercial Automobile Insurance.

If the Grantee's duties include the use of a commercial vehicle, the Grantee shall maintain automobile liability, bodily injury, and property damage coverage. Insuring clauses for both bodily injury and property damage shall provide coverage on an occurrence basis. The minimum limits shall be as follows:

\$200,000/300,000	Automobile Liability for Company-Owned Vehicles, if applicable
\$200,000/300,000	Hired and Non-owned Automobile Liability Coverage

c. Workers' Compensation and Employer's Liability Coverage.

The Grantee shall provide workers' compensation, in accordance with Chapter 440, F.S., and employer's liability insurance with minimum limits of \$100,000 per accident, \$100,000 per person, and \$500,000 policy aggregate. Such policies shall cover all employees engaged in any work under the Agreement.

- 3) The Application must also provide information regarding, at a minimum:

- the location of the bloom (e.g., nearest street address),
- the name of the waterbody (if applicable),
- photographs of the bloom to be treated,
- estimated size of the bloom to be treated,

- e. for proposals with a biological or chemical treatment component with a pesticidal or biocidal claim, include
 - i. estimated volume of pesticide to be applied per the label directions,
 - ii. calculations must be provided,
 - iii. method of application,
 - iv. number of applications proposed, and
 - v. estimated duration of application period.
 - f. for proposals with a chemical or biological agent application, other than pesticides or biocides, (e.g., polymers, coagulants, flocculants), include:
 - i. estimated volume of chemical or agent to be applied,
 - ii. calculations must be provided,
 - iii. method of application,
 - iv. number of applications proposed, and
 - v. estimated duration of application period.
- 4) Submit completed application electronically to Amanda.Peck@floridadep.gov AND Emily.Brown@floridadep.gov.
- 5) Please contact Amanda Peck (850-245-2952) or Emily Brown (850-245-2946) with questions or visit <https://floridadep.gov/dear/algae-bloom> for more information.

Selection Process:

Applications from county governments will be received by the Department and undergo internal review for application completeness and eligibility, on a first-come basis. **Please include contact information for a technical advisor in case questions arise during the review process.**

Eligible selected applicant(s) will be notified via email with award amount, and additional details may be requested by the Department.

Grant Execution and Management:

Eligible selected county government applicants (Grantee) will enter into a fixed price Grant Agreement with the Department for Harmful Algal Bloom (HAB) management activities identified in this application. Salaries, Fringe, and Indirect are not eligible budget categories for funding. Eligible budget categories are Contractual Services and/or Miscellaneous/Other Expenses. Eligible activities may begin Upon Agreement Execution and may last for the duration of Florida Executive Order No. 18-191 (available at <https://www.flgov.com/2018-executive-orders/>).

The Grantee will enter into a contract with one or more vendors to provide HAB(s) management services on an as needed basis (HAB Management Vendors), in accordance with the State of Florida Executive Order No. 18-191.

Additional funds to address HAB(s) identified after this application is submitted and approved will require submittal of an amendment or a new application with relevant details. Also, the Agreement may be amended or a new Agreement issued to address new HAB(s) at the Department's discretion.

The Department reserves the right to accept the application in whole or in part or reject the application.

Any infrastructure needs are to be provided by the Grantee, including ensuring the availability of road/boat ramp/waterbody access, access to electricity or water, appropriate sized and situated area for performing services, and any other infrastructure required (i.e., permits, access agreements, easements, etc.). Additionally, the Grantee will be responsible for the proper disposal of all materials associated with the services provided including, but not limited to, containment devices, algal mats and other material removed by the services, by-products of the services provided, as well as any materials associated with the services provided.

SECTION 1

Instructions: Applicants to complete one copy per application and sign and date.

GENERAL INFORMATION:

Applicant's Organization Name and FEIN:

Organization Information (for Agreement):

Street Address:

City, State, Zip:

Organization's Contact Information for Technical Contact (for review questions):

Name:

Telephone:

Email:

Organization's Contact Information for Primary Contact/Grant Manager (for Agreement):

Name:

Street Address:

City, State, Zip:

Telephone:

Email:

Number of different HAB locations: _____

Should match the number of attached and completed Section 2s.

Funding for each identified HAB location reported to the Department:

List location and quoted funding amount. Put "N/A" if the lines are not applicable.

	LOCATION	FUNDING AMOUNT
A		\$
B		\$
C		\$
Total Project Funding Request		\$

CERTIFICATION

I, the undersigned Authorized Representative of the Applicant, hereby certify that all information contained herein and in the attached is true, correct, and complete to the best of my knowledge and belief. I further certify that I have been duly authorized to file the application and to provide these assurances.

Authorized
Representative _____
(signature) (name typed)

Signed this _____ Day of _____, 20_____

ATTACHMENTS AND REFERENCES

List the file names for all attachments that are included with this application (such as maps, permits, Certificate of Insurance, FIFRA registered pesticide information, etc.), a description of what the attachment contains, and the total number of attachments submitted, including the application.

Filename:
Description:

Filename:
Description:

Filename:
Description:

Total Number of Files Submitted (include the application in the total #) _____

SECTION 2

Instructions: Applicants to complete one copy for **EACH** HAB location to be treated with the same vendor and proposed technology. List what project number this is and how many will be submitted with this application.

PROJECT ____ of ____.

PROJECT INFORMATION

1. Project Location:

Geographic Location of Project (e.g., city, county, street address):

Latitude (decimal degrees):

Longitude (decimal degrees):

1a. Name of the waterbody(ies) that this project addresses.

1b. Water Body Identification (WBID) number(s) for the waterbody segment(s) that this project addresses.

For the purposes of implementing TMDLs, waterbodies are typically divided into segments which are identified by WBID numbers. Verified impairments are associated with the WBIDs, not the entire waterbody.

2. Project Description:

2a. Vendor(s) Information

Please provide the name and contact information for each vendor. This information will not be shared with the Department's application review team.

2b. BRIEF project description: *Please provide a brief description that can be used to summarize the proposed HAB(s) management services in the Grant Agreement Scope of Work.*

2c. DETAILED project description: *Please include a full description of the project, including the size and location of the HAB(s), and activities to address the HAB(s). The project description must also include a detailed description of all activities that will be contracted as HAB Management Services. Provide sufficient detail so that the project evaluators will know exactly what is being implemented and how the activities are managing the HAB(s). DO NOT include the vendor name in this section. This section of the proposal will be used by the Department's application review team without consideration of the vendor name.*

3. Project Cost and Vendor Quote

3a. Does the Project Funding Request equal the total cost of the project described above?
Yes ☐ No ☐

3b. If no, what is the total cost of the project: \$

3c. Please provide a quote from the Grantee's expected vendor.

4. Proposals with Biological or Chemical Agent(s) Component. *Copy and paste question 4 sub-questions and check all applicable boxes for each proposed agent (pesticide, biocide and other agents). Refer to the following website to determine FIFRA status: http://npirspublic.ceris.purdue.edu/state/state_menu.aspx?state=FL*

4a. Does the proposal require use of a biological or chemical agent? Yes ☐ No ☐

4b. List the product name of the biological or chemical agent: _____

4c. Is the biological or chemical agent a FIFRA registered pesticide? Yes ☐ No ☐

4d. Is the biological or chemical agent approved for use in Florida? Yes ☐ No ☐

4e. Is the biological or chemical agent approved for use in surface waters? Yes ☐ No ☐

4f. Will the biological or chemical agent be applied per the label? Yes ☐ No ☐

4g. Will the biological or chemical agent be applied by a Florida-licensed pesticide applicator?
Yes ☐ No ☐

4h. Will the biological or chemical agent be applied per the Generic Permit for Pollutant Discharges to Surface Waters of the State from the Application of Pesticides (62-621.300(8) F.A.C.), Yes ☐ No ☐

4g. Provide information to address the following questions for each biological or chemical agent:

- i. estimated volume of chemical or agent to be applied,
- ii. calculations must be provided,
- iii. method of application,
- iv. number of applications proposed, and
- v. estimated duration of application period.

5. HAB(s) Identification and Vendor Availability

5a. Describe how and when the Grantee identified the HAB(s) location(s) and whether the Department's staff confirmed the identification and when.

5b. Describe how quickly the Grantee's expected vendor will be on site and ready to start HAB(s) management activities.