



Beach Management Funding Assistance Program
Local Government Funding Request
Fiscal Year 2025/2026
Inlet Projects Application

PART I: GENERAL INFORMATION

Local Sponsor

Federal ID Number (FEID)

Primary Contact Name Title

Mailing Address Line 1

Mailing Address Line 2

City Zip Code Telephone Number

Email Address

Additional Contact Information

PART II: CERTIFICATION

I hereby certify that all information provided with this application is true and complete to the best of my knowledge.

Signature of Local Sponsor

Electronic or scanned signatures accepted.

Printed Name Date



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PART III: EVALUATION CRITERIA

1. Project Name: As listed in the Inlet Management Plan (IMP) or Strategic Beach Management Plan (SBMP)

2. Project Description: Include county, location with reference to DEP range monuments, brief project history, and description of proposed activities.



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3. Use of Requested Program Funds: Provide a brief description of tasks to be completed in each requested phase (Feasibility, Design, Construction, or Monitoring). Indicate which tasks are cost reimbursement from previous fiscal years.

4. Map: Provide as an attachment.

- **Format:** The project area must be formatted at a minimum of 1" = 200' scale and include a compass rose and legend.
- **Required elements:** Project boundary, DEP reference monuments, shoreline designated as critically eroded, area of inlet influence, and permitted sand bypassing placement area

5. Project length: Total restored project boundary (in feet) as listed in the IMP or SBMP.

6. Schedule and Budget: Provide as a separate attachment, if needed. Clearly indicate project phase: Feasibility (F), Design (D), Construction (C), or Monitoring (M). Include the year of post-construction monitoring in the description.

- **Cost Reimbursement:** Specify eligible costs incurred during the three years prior to the current application's fiscal year that are not in a current DEP agreement and have not been reimbursed (this includes fiscal years 22/23, 23/24, and 24/25). Eligible costs will be added to the current funding request.
- **Current and Future Costs:** Specify eligible costs for the current application's fiscal year that are not in a current DEP agreement and have not been reimbursed as well as the estimated costs for the next 4 years. Note: If Construction costs are requested in the current fiscal year, then the Year 1 Post-Construction Monitoring costs will be added to the current funding request.

Fiscal Year	Project Phase	Description	Federal Cost	State Cost	Local Cost	Total Cost
22/23						
22/23						
22/23						
23/24						
23/24						
23/24						



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Fiscal Year	Project Phase	Description	Federal Cost	State Cost	Local Cost	Total Cost
24/25						
24/25						
24/25						
25/26						
25/26						
25/26						
26/27						
26/27						
26/27						
27/28						
27/28						
27/28						
28/29						
28/29						
28/29						
29/30						
29/30						
29/30						



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7. Sand reaching the inlet

Provide the estimated annual quantity (cubic yards) of beach quality sand reaching the updrift boundary of the improved jetty or inlet channel:

8. Severity of erosion

Provide the annual bypassing objective (cubic yards/year) adopted by the IMP or SBMP or as determined by a Department-approved study:

9. Balancing the sediment budget

Provide the current annual average of bypassed material (cubic yards) since the adoption of a bypass objective:

Provide a brief description of when the last sediment budget engineering analysis was completed for the inlet and area of inlet influence. Discuss any proposals to update the sediment budget.



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Historical bypassing volumes: In the table below, provide the annual bypassing volumes (cubic yards/year), for the previous ten years (from the last calendar year or the most recent calculation). Attach additional documentation as needed.

Year	Quantity Bypassed (cy) - Sand Transfer Plant	Quantity Bypassed (cy) - Dredging	Dredge Location	Placement or Disposal Area
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				
2023				
Total per method				

Total bypass volume:

Years since IMP adoption:

Annual average bypass:

Bypass objective:

Percentage of bypass objective:



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10. Increased bypassing and cost-effectiveness

Provide the estimated increase in annual bypassing of sand (cubic yards/year) proposed for the project:

Provide the estimated shortfall of annual bypassing of sand (cubic yards/year) within the inlet system:

Is the proposed project requesting construction phase funds for a major inlet management project component?

If yes, and for the award of points for the cost-effectiveness of using inlet sand criteria, provide an opinion of probable cost per unit volume of the inlet and all other sand sources, certified by a licensed professional engineer.

11. Inlet Management Plans

Select all that apply:

- ☐ **Existing IMP:** The proposed project has an existing IMP or completed Inlet Management Study that has been approved by the Department.
- ☐ **Updated IMP:** The Department has received and approved an update to an existing IMP in the form of a current Inlet Management Study/sediment budget analysis within the previous five years, or there is an update proposed to an existing IMP in the current application.
- ☐ **New IMP:** A new inlet management study is proposed for submission to the Department for an adoption in an IMP.

12. Enhanced longevity of proximate beach nourishment projects

Annualized beach nourishment volume of proximate beach nourishment project:

13. Active permits

Does the project have an active state permit?

Does the project have an active federal permit?

Permit number:

Permit number:

Authorization date:

Authorization date:

Expiration date:

Expiration date:



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14. Federal funds available

Does the proposed project have federal funds available? If so, provide supporting documentation.

15. Secured local funds

Has the necessary local funding been secured for the proposed project? If so, provide a copy of the draft Resolution. The signed Resolution is due by September 23, 2024.

Additional
comments