AGREEMENT NO. S0640

STATE OF FLORIDA
GRANT AGREEMENT
PURSUANT TO LINE ITEM 1608 OF THE 2012-2013 GENERAL APPROPRIATIONS ACT

THIS AGREEMENT is entered into between the STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, whose address is 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000 (hereinafter referred to as the "Department") and the MONROE COUNTY BOARD OF COUNTY COMMISSIONERS, whose address is 1100 Simonton Street, Suite 2-283, Key West, Florida 33040 (hereinafter referred to as "Grantee" or "Recipient"), local government, to provide financial assistance for the Bathymetric Surveys and Organics Characterization to the Monroe County Canals.

In consideration of the mutual benefits to be derived herefrom, the Department and the Grantee do hereby agree as follows:

1. The Grantee does hereby agree to perform in accordance with the terms and conditions set forth in this Agreement, **Attachment A, Grant Work Plan,** and all attachments and exhibits named herein which are attached hereto and incorporated by reference. For purposes of this Agreement, the terms "Contract" and "Agreement" and the terms "Grantee", "Recipient" and "Contractor", are used interchangeably.

2. This Agreement shall begin upon execution by both parties and remain in effect for a period of four (4) months, inclusive. The Grantee shall be eligible for reimbursement for work performed on or after the date of execution and until the expiration of this Agreement. This Agreement may be amended to provide for additional services if additional funding is made available by the Legislature.

3. A. As consideration for the services rendered by the Grantee under the terms of this Agreement, the Department shall pay the Grantee on a cost reimbursement basis in an amount not to exceed $100,000. The parties hereto understand and agree that this Agreement does not require a cost sharing or match on the part of the Grantee.

   B. The Grantee shall be reimbursed on a cost reimbursement basis for all eligible project costs, upon the completion, submittal and approval of deliverables identified in **Attachment A,** in accordance with the schedule therein. Reimbursement shall be requested utilizing **Attachment B, Payment Request Summary Form.** A final payment request must be submitted to the Department no later than June 25, 2013, to assure the availability of funds for payment. In addition to the summary form, the Grantee must provide from its accounting system, a listing of expenditures per deliverable, charged against this Agreement. The listing shall include, at a minimum, a description of the goods or services purchased, date of the transaction, voucher number, amount paid, and vendor name. Travel expenses will not be reimbursed under the terms and conditions of this Agreement.

   C. In addition to the invoicing requirements contained in paragraph 3.B. above, the Department will periodically request proof of a transaction (invoice, payroll register, etc.) to evaluate the appropriateness of costs to the Agreement pursuant to State and Federal guidelines (including cost allocation guidelines), as appropriate. This information, when requested, must be provided within thirty (30) calendar days of such request. The Grantee may also be required to submit a cost allocation plan to the Department in support of its multipliers (overhead, indirect, general administrative costs, and fringe benefits). All bills for amounts due under this Agreement shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof. State guidelines for allowable costs can be found in the Department of Financial Services' Reference Guide for State Expenditures at http://www.fldfs.com/aadir/reference%5Fguide.

D. Contractual (Subcontractors) - Reimbursement requests for payments to subcontractors must be substantiated by copies of invoices with backup documentation identical to that required from the Grantee. Subcontracts which involve payments for direct salaries shall clearly identify the personnel involved, salary rate per hour, and hours/time spent on the project. All multipliers used (i.e. fringe benefits, overhead, and/or general and administrative rates) shall be supported by audit. If the Department determines that multipliers charged by any subcontractor exceeded the rates supported by audit, the Grantee shall be required to reimburse such funds to the Department within thirty (30) days of written notification. Interest on the excessive charges shall be calculated based on the prevailing rate used by the State Board of Administration. For fixed price (vendor) subcontracts, the following provisions shall apply:

1. The Grantee may award, on a competitive basis, fixed price subcontracts to consultants/contractors in performing the work described in Attachment A. Invoices submitted to the Department for fixed price subcontracted activities shall be supported with a copy of the subcontractor's invoice and a copy of the tabulation form for the competitive procurement process (Invitation to Bid or Request for Proposals) resulting in the fixed price subcontract.

2. The Grantee may request approval from the Department to award a fixed price subcontract resulting from procurement methods other than those identified in the paragraph above. In this instance, the Grantee shall request the advance written approval from the Department's Grant Manager of the fixed price negotiated by the Grantee. The letter of request shall be supported by a detailed budget and Scope of Services to be performed by the subcontractor. Upon receipt of the Department Grant Manager's approval of the fixed price amount, the Grantee may proceed in finalizing the fixed price subcontract.

3. All subcontracts are subject to the provisions of paragraph 11 and any other appropriate provisions of this Agreement which affect subcontracting activities.

E. 1. The accounting systems for all Grantees must ensure that these funds are not commingled with funds from other agencies. Funds from each agency must be accounted for separately. Grantees are prohibited from commingling funds on either a program-by-program or a project-by-project basis. Funds specifically budgeted and/or received for one project may not be used to support another project. Where a Grantee's, or subrecipient's, accounting system cannot comply with this requirement, the Grantee, or subrecipient, shall establish a system to provide adequate fund accountability for each project it has been awarded.

2. If the Department finds that these funds have been commingled, the Department shall have the right to demand a refund, either in whole or in part, of the funds provided to the Grantee under this Agreement for non-compliance with the material terms of this Agreement. The Grantee, upon such written notification from the Department shall refund, and shall forthwith pay to the Department, the amount of money demanded by the Department. Interest on any refund shall be calculated based on the prevailing rate used by the State Board of Administration. Interest shall be calculated from the date(s) the original payment(s) are received from the Department by the Grantee to the date repayment is made by the Grantee to the Department.

3. In the event that the Grantee recovers costs, incurred under this Agreement and reimbursed by the Department, from another source(s), the Grantee shall reimburse the Department for all recovered funds originally provided under this Agreement. Interest on any refund shall be calculated based on the prevailing rate used by the State Board of Administration. Interest shall be calculated from the date(s) the payment(s) are recovered by the Grantee to the date repayment is made to the Department by the Grantee.

4. The State of Florida's performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature. The parties hereto understand that this Agreement is not a commitment of future appropriations.

5. The Grantee shall utilize **Attachment C, Progress Report Form,** to describe the work performed, problems encountered, problem resolution, schedule updates and proposed work for the next reporting period. Quarterly reports shall be submitted to the Department's Grant Manager no later than twenty (20) days following the completion of the quarterly reporting period. It is hereby understood and agreed by the parties that the term "quarterly" shall reflect the calendar quarters ending March 31, June 30, September 30 and December 31. The Department's Grant Manager shall have ten (10) calendar days to review the required reports and deliverables submitted by the Grantee.

6. Each party hereto agrees that it shall be solely responsible for the negligent or wrongful acts of its employees and agents. However, nothing contained herein shall constitute a waiver by either party of its sovereign immunity or the provisions of Section 768.28, Florida Statutes.

7. A. The Department may terminate this Agreement at any time in the event of the failure of the Grantee to fulfill any of its obligations under this Agreement. Prior to termination, the Department shall provide thirty (30) calendar days written notice of its intent to terminate and shall provide the Grantee an opportunity to consult with the Department regarding the reason(s) for termination.

   B. The Department may terminate this Agreement for convenience by providing the Grantee with thirty (30) calendar days written notice.

8. This Agreement may be unilaterally canceled by the Department for refusal by the Grantee to allow public access to all documents, papers, letters, or other material made or received by the Grantee in conjunction with this Agreement, unless the records are exempt from Section 24(a) of Article I of the State Constitution and Section 119.07(1)(a), Florida Statutes.

9. The Grantee shall maintain books, records and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. The Department, the State, or their authorized representatives shall have access to such records for audit purposes during the term of this Agreement and for five (5) years following Agreement completion. In the event any work is subcontracted, the Grantee shall similarly require each subcontractor to maintain and allow access to such records for audit purposes.

10. A. In addition to the requirements of the preceding paragraph, the Grantee shall comply with the applicable provisions contained in **Attachment D, Special Audit Requirements,** attached hereto and made a part hereof. **Exhibit 1** to **Attachment D** summarizes the funding sources supporting the Agreement for purposes of assisting the Grantee in complying with the requirements of **Attachment D.** A revised copy of **Exhibit 1** must be provided to the Grantee for each amendment which authorizes a funding increase or decrease. If the Grantee fails to receive a revised copy of **Exhibit 1,** the Grantee shall notify the Department's Grants Development and Review Manager at 850/245-2361 to request a copy of the updated information.

    B. The Grantee is hereby advised that the Federal and/or Florida Single Audit Act Requirements may further apply to lower tier transactions that may be a result of this Agreement. The Grantee shall consider the type of financial assistance (federal and/or state) identified in **Attachment D, Exhibit 1** when making its determination. For federal financial assistance, the Grantee shall utilize the guidance provided under OMB Circular A-133, Subpart B, Section ___.210 for determining whether the relationship represents that of a subrecipient or vendor. For state financial assistance, the Grantee shall utilize the form entitled "Checklist for Nonstate Organizations Recipient/Subrecipient vs. Vendor Determination" (form number DFS-A2-NS) that can be found under the "Links/Forms" section appearing at the following website:

https://apps.fldfs.com/fsaa

The Grantee should confer with its chief financial officer, audit director or contact the Department for assistance with questions pertaining to the applicability of these requirements.

C. In addition, the Grantee agrees to complete and submit the **Certification of Applicability to Single Audit Act Reporting, Attachment E**, attached hereto and made a part hereof, within four (4) months following the end of the Grantee's fiscal year. Attachment __ should be submitted to the Department's Grants Development and Review Manager at 3900 Commonwealth Boulevard, Mail Station 93, Tallahassee, Florida 32399-3000. The Grants Development and Review Manager is available to answer any questions at (850) 245-2361.

11. A. The Grantee may subcontract work under this Agreement without the prior written consent of the Department's Grant Manager. The Grantee shall submit a copy of the executed subcontract to the Department within ten (10) days after execution. The Grantee agrees to be responsible for the fulfillment of all work elements included in any subcontract and agrees to be responsible for the payment of all monies due under any subcontract. It is understood and agreed by the Grantee that the Department shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract and that the Grantee shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract.

B. The Department of Environmental Protection supports diversity in its procurement program and requests that all subcontracting opportunities afforded by this Agreement embrace diversity enthusiastically. The award of subcontracts should reflect the full diversity of the citizens of the State of Florida. A list of minority owned firms that could be offered subcontracting opportunities may be obtained by contacting the Office of Supplier Diversity at (850) 487-0915.

12. In accordance with Section 216.347, Florida Statutes, the Grantee is hereby prohibited from using funds provided by this Agreement for the purpose of lobbying the Legislature, the judicial branch or a state agency.

13. The Grantee shall comply with all applicable federal, state and local rules and regulations in providing services to the Department under this Agreement. The Grantee acknowledges that this requirement includes, but is not limited to, compliance with all applicable federal, state and local health and safety rules and regulations. The Grantee further agrees to include this provision in all subcontracts issued as a result of this Agreement.

14. Any notices between the parties shall be considered delivered when posted by Certified Mail, return receipt requested, or overnight courier service, or delivered in person to the Grant Managers at the addresses below.

15. The Department's Grant Manager for this Agreement is identified below.

Randy Landers	
Florida Department of Environmental Protection	
South District Office	
Post Office Box 2549	
Ft. Myers, Florida 33901	
Telephone No.:	(239) 344-5659
Fax No.:	(850) 412-0590
E-mail Address:	Randal.landers@dep.state.fl.us

16. The Grantee's Grant Manager for this Agreement is identified below.

Rhonda Haag	
Monroe County Board of County Commissioners	
Sustainability Program Manager	
1100 Simonton Street, Suite 2-283	
Key West, Florida 33040	
Telephone No.:	(305) 292-4482
Fax No.:	(305) 292-4515
E-mail Address:	Haag-Rhonda@monroecounty-fl.gov

17. To the extent required by law, the Grantee will be self-insured against, or will secure and maintain during the life of this Agreement, Workers' Compensation Insurance for all of its employees connected with the work of this project and, in case any work is subcontracted, the Grantee shall require the subcontractor similarly to provide Workers' Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Grantee. Such self-insurance program or insurance coverage shall comply fully with the Florida Workers' Compensation law. In case any class of employees engaged in hazardous work under this Agreement is not protected under Workers' Compensation statutes, the Grantee shall provide, and cause each subcontractor to provide, adequate insurance satisfactory to the Department, for the protection of his employees not otherwise protected.

18. The Grantee warrants and represents that it is self-funded for liability insurance, appropriate and allowable under Florida law, and that such self-insurance offers protection applicable to the Grantee's officers, employees, servants and agents while acting within the scope of their employment with the Grantee.

19. The Grantee covenants that it presently has no interest and shall not acquire any interest which would conflict in any manner or degree with the performance of services required.

20. Reimbursement for equipment purchases costing $1,000 or more is not authorized under the terms and conditions of this Project Agreement.

21. The Department may at any time, by written order designated to be a change order, make any change in the Grant Manager information or task timelines within the current authorized Agreement period. All change orders are subject to the mutual agreement of both parties as evidenced in writing. Any change, which causes an increase or decrease in the Grantee's cost or time, shall require formal amendment to this Agreement.

22. If the Grantee's project involves environmentally related measurements or data generation, the Grantee shall develop and implement quality assurance practices consisting of policies, procedures, specifications, standards, and documentation sufficient to produce data of quality adequate to meet project objectives and to minimize loss of data due to out-of-control conditions or malfunctions. All sampling and analyses performed under this Agreement must conform with the requirements set forth in Chapter 62-160, Florida Administrative Code, and the Quality Assurance Requirements for Department Agreements, attached hereto and made part hereof as Attachment F, Quality Assurance Requirements. [Note: Contact the DEP Grant Manager to get the QA requirements for their program if there is not a current QA attachment on the common drive under Grant Forms, QA Attachments]

24. A. No person, on the grounds of race, creed, color, national origin, age, sex, or disability, shall be excluded from participation in; be denied the proceeds or benefits of; or be otherwise subjected to discrimination in performance of this Agreement.

B. An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity. The Florida Department of Management Services is responsible for maintaining the discriminatory vendor list and intends to post the list on its website. Questions regarding the discriminatory vendor list may be directed to the Florida Department of Management Services, Office of Supplier Diversity, at 850/487-0915.

25. Land acquisition is not authorized under the terms of this Agreement.

26. This Agreement has been delivered in the State of Florida and shall be construed in accordance with the laws of Florida. Wherever possible, each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement shall be prohibited or invalid under applicable law, such provision shall be ineffective to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this Agreement. Any action hereon or in connection herewith shall be brought in Leon County, Florida.

27. This Agreement represents the entire agreement of the parties. Any alterations, variations, changes, modifications or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing, duly signed by each of the parties hereto, and attached to the original of this Agreement, unless otherwise provided herein.

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IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed, the day and year last written below.

GRANTEE NAME

By:______________________________
Title: *

Date:______________________________

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:
Natileene W Cassel
NATILEENE W. CASSEL
ASSISTANT COUNTY ATTORNEY
Date 2-6-2013
stamped copy - originals on way

FEID No.:59-6000749

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

By:______________________________
Secretary or designee

Date:______________________________

____
Randy Landers, DEP Grant Manager

D. Sletton
DEP Contracts Administrator

Approved as to form and legality:

KH
DEP Attorney

*For Agreements with governmental boards/commissions: If someone other than the Chairman signs this Agreement, a resolution, statement or other document authorizing that person to sign the Agreement on behalf of the Grantee must accompany the Agreement.

List of attachments/exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	A	Grant Work Plan (12 Pages)
Attachment	B	Payment Request Summary Form (2 Pages)
Attachment	C	Progress Report Form (1 Page)
Attachment	D	Special Audit Requirements (5 Pages)
Attachment	E	Certification of Applicability to Single Audit Act Reporting (3 Pages)

ATTACHMENT A
GRANT WORK PLAN

Project Title: Bathymetric Surveys and Organics Characterization in the Monroe County Canals

Project Location: *Monroe County*
Florida Keys Watershed /HUC= 03090203.

Project Background:

The work to be accomplished under this Agreement is one of the high priority projects identified during the development of the Phase I of the Canal Management Master Plan (CMMP).

Bathymetric surveys will be performed to determine the depths of all of the canals identified in the Geographic Information System (GIS) database developed by AMEC (formerly MACTEC Engineering and Consulting, Inc.) in 2001-2003 as part of the Monroe County Residential Canal Inventory and Assessment, to determine the approximate thickness of unconsolidated material lying in the bottom of the canals and to collect samples of the unconsolidated materials. The length of the canals identified in the GIS was initially 111 miles with an additional six (6) miles delineated during the recent aerial photo update performed in 2012 (total of 117 miles of canals). The survey will not include marinas or turning basins. The canal depth data in the existing GIS database is based upon limited permit information and not actual depth measurements. The depth of the canals and the approximate thickness of unconsolidated materials in the canals are critical factors in evaluating potential restoration needs and in quantifying restoration costs.

The purpose of this project is to determine the depth of the canals identified in the GIS database developed by AMEC (formerly MACTEC Engineering and Consulting, Inc.) in 2001-2003, as well as the approximate thickness and physiochemical composition of the unconsolidated sediments found in the bottom of these canals. This information is required in order to accurately determine the costs of implementing the canal restoration strategies developed during Phase I of the CMMP in DEP Agreement No. S0607. Many of the canals in the Florida Keys National Marine Sanctuary (FKNMS) do not meet the State's minimum water quality criteria and are a potential source of nutrients and other contaminants to near shore waters designated as Outstanding Florida Waters and subject to special protection under the Florida Statutes. This project is a priority of the FKNMS Water Quality Protection Program (WQPP) Steering Committee which recently passed a motion to develop a plan to prioritize canal restoration projects and to identify funding sources for these projects. The tourism economy of the Keys depends largely on clean water and a healthy environment and this project is fully supported by the WQPP Steering Committee and local governments in Monroe County. The successful implementation of this project is also consistent with the goals of the Florida Keys Reasonable Assurance Document that was recently adopted by the Department in order to satisfy the requirements of the Impaired Waters Rule, Chapter 62-303 of the Florida Administrative Code.

Project Description:

Task 1: BATHYMETRIC SURVEYS OF RESIDENTIAL CANALS
The Grantee will perform bathymetric surveys to determine the average depths of all of the residential canals (total of 502 canals) identified in the 2003 and updated in 2012 Monroe County Residential Canal Inventory & Assessment (refer to **Table 1** for a list of the canals). The surveys will be performed using automated hydrographic survey equipment consisting of a dual frequency echo sounder used in conjunction with a GPS positioning system to survey a profile of each canal centerline with bottom surface elevations of the canal, relative to the North American Vertical Datum of 1988 (NAVD88), determined at approximate 50' intervals and at the end and mouths of the canals. An elevation will be collected of the natural sea bottom at the canal mouth. The collected survey data will be referenced to the North American Datum of 1983 (NAD83) to allow for inclusion into the existing GIS. As part of this effort the Grantee will obtain, through the use of the automated hydrographic survey equipment and traditional probing methodologies, sufficient data to provide approximate information regarding unconsolidated

material thickness within the canals.

The bathymetric data collection will be divided into 3 tasks as follows:

Task 1.1: Completion of Bathymetric Survey for 151 of the Canals

Bathymetric surveys as detailed above will completed for 151 of the 502 canals in the Monroe County Residential Canal Inventory and Assessment GIS data base (refer to **Table 1**).

Deliverables: A CD with a subset of the GIS canal layer and a Google Earth Pro layer for the 151 canals which were surveyed with updated attributes of depth and organic thickness, and an excel file of the updated attributes of depth and organic thickness. All surveying and mapping services associated with this assignment will conform with the requirements of the Department's Bureau of Survey and Mapping, and applicable sections of Florida Administrative Rule Chapter 5J-17, Minimum Technical Standards, pursuant to Chapter 472, Florida Statutes.

Budget: $25,324.62 for subcontractor

Performance Measure: The Department's Grant Manager will review the deliverables and will consult with the appropriate staff of the Department's Bureau of Survey and Mapping to verify the deliverables conform with the criteria found in 5J-17, F.A.C., pursuant to Chapter 472, F.S. .

Financial Consequences: Failure to meet the above performance measure will result in denial of the request for reimbursement.

Completion Date: April 30, 2013
NOTE: Payment will be upon completion of the task and review and approval of the deliverables.

Task 1.2: Completion of Bathymetric Survey for An Additional 30% of the Canals

Bathymetric surveys as detailed above will completed for an additional 150 canals of the total of 502 canals in the Monroe County Residential Canal Inventory and Assessment GIS data base (refer to **Table 1**).

Deliverables: A CD with a subset of the GIS canal layer and a Google Earth Pro layer for the additional 30% of canals which were surveyed with updated attributes of depth and organic thickness, and an excel file of the updated attributes of depth and organic thickness. All surveying and mapping services associated with this assignment will conform with the requirements of the Department's Bureau of Survey and Mapping, and applicable sections of Florida Administrative Rule Chapter 5J-17, Minimum Technical Standards, pursuant to Chapter 472, Florida Statutes.

Budget: $25,324.62 for subcontractor

Performance Measure: The Department's Grant Manager will review the deliverables and will consult with the appropriate staff of the Department's Bureau of Survey and Mapping to verify the deliverables conform with the criteria found in 5J-17, F.A.C., pursuant to Chapter 472, F.S. .

Financial Consequences: Failure to meet the above performance measure will result in rejection of the request for reimbursement.

Completion Date: May 31, 2013
NOTE: Payment will be upon completion of the task and review and approval of the deliverables.

Task 1.3: Completion of Bathymetric Survey for Remaining 201 of the Canals and Final Report

Bathymetric surveys as detailed above will completed for the remaining 201 canals of the total of 502 canals in the Monroe County Residential Canal Inventory and Assessment GIS data base (refer to **Table 1**).

Deliverables: The final deliverable products will include a technical memorandum which summarizes the work completed under Task 1. The technical memorandum will include the following attachments: a certified Surveyor's Report of the survey operation and results, a CD with a complete GIS canal layer and a Google Earth Pro layer for all the 502 surveyed canals with updated attributes of depth and organic thickness, an excel file of the updated attributes of depth and organic thickness, and canal profiles in digital format. All surveying and mapping services associated with this assignment will conform with the requirements of the Department's Bureau of Survey and Mapping, and applicable sections of Florida Administrative Rule Chapter 5J-17, Minimum Technical Standards, pursuant to Chapter 472, Florida Statutes.

Budget: $33,766.16 for subcontractor

Performance Measure: The Department's Grant Manager will review the deliverables and will consult with the appropriate staff of the Department's Bureau of Survey and Mapping to verify the deliverables conform with the criteria found in 5J-17, F.A.C., pursuant to Chapter 472, F.S. .

Financial Consequences: Failure to meet the above performance measure will result in rejection of the request for reimbursement.

Completion Date: June 7, 2013
NOTE: Payment will be upon completion of the task and review and approval of the deliverables.

Task 2: SEDIMENT CHARACTERIZATION AND REPORTING

Ten (10) sediment samples will be collected and will be submitted for physical and chemical characterization to assist in refining the design for removal and disposal of the material from the canal bottoms. The samples will be collected from 10 different canals based upon a preliminary evaluation from the GIS database, aerial photo review and public communications of the canals where seaweed loading is a serious problem. The sample locations will be based upon confirmed presence of a significant organic layer in that portion of the canal.

The physical testing will be performed by an AMEC Geotechnical Lab and will consist of the following:

- Moisture/Solids Content by ASTM D-2216
- 200 Mesh Sieve Distribution by ASTM D-1140
- Organic Content by ASTM D-2974
- Specific Gravity by ASTM D-2974
- Grain size distribution by ASTM D-422 (4 samples only)
- Settling rate (2 samples only)

The chemical characterization to determine disposal options will be performed by Test America Analytical Laboratories, a State National Environmental Laboratory Accreditation Conference (NELAC) certified laboratory. The proposed test methods include:

- Organochlorine Pesticides and PCBs by 8081/8082
- Chlorinated Herbicides by 8151
- 8 RCRA Metals by 6010/7471
- Copper by 6010
- Polynuclear Aromatic Hydrocarbons (PAHs) by 8270 low level
- Total Recoverable Petroleum Hydrocarbons (TRPH) by FL-PRO
- TCLP metals (2 tests only based upon total metal's concentrations)

Deliverable: A technical memorandum containing the above referenced test results and summary of sediment disposal options that will meet all applicable Department regulations, including the requirements of Chapter 62-160 of the Florida Administrative Code.

Budget: $15,584.60 for subcontractor

Performance Measure: The Department's Grant Manager will review the deliverables and will consult with the Department's Standards and Assessment Section and the Division of Waste Management staff to determine if they are acceptable using the following criteria:

1. The sampling and test procedures must be conducted in accordance with the requirements of Chapter 62-160 of the Florida Administrative Code.
2. The sediment disposal options provided in the technical memorandum must be consistent with all applicable Departments' regulations.

Financial Consequences: Failure to meet the above performance measure will result in rejection of the request for reimbursement.

NOTE: Payment will be upon completion of the task and review and approval of the deliverables.

Completion Date: May 31, 2013

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TABLE 1: RESIDENTIAL CANAL INVENTORY

Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
1 OCEAN REEF CLUB	1					29.5	10	5.5	3	1.8
2 OCEAN REEF CLUB	2					23.8	5.6	10.6	1	2.8
2 OCEAN REEF CLUB ADDED	3					6.4	0	15.9	1	-0.3
2 OCEAN REEF CLUB ADDED 2	4					10.4	0.6	26.0	1	0.1
3 OCEAN REEF CLUB	5					48.1	12.5	16.0	3	2.1
4 OCEAN REEF CLUB	6					24.6	7	6.3	2	1.9
5 OCEAN REEF CLUB	7					25.8	3.5	6.9	1	3.8
6 KEY LARGO	8					0.35	0	1.1	1	-0.7
7 KEY LARGO	9					0.8	1	1.6	1	-0.4
8 KEY LARGO	10					0.34	0	1.3	1	-0.7
9 KEY LARGO	11					0.32	0	1.0	1	-0.7
10 KEY LARGO	12					0.31	0	1.1	1	-0.7
11 KEY LARGO	13					0.44	0	1.2	1	-0.7
12 KEY LARGO	14					0.16	0	1.6	1	-0.7
13 KEY LARGO	15					4.88	12	4.9	1	1.8
14 KEY LARGO	16					1.88	0	2.4	1	-0.3
15 KEY LARGO	17					0.15	0	1.4	1	-0.7
16 KEY LARGO	18					0.13	0	0.9	1	-0.7
17 KEY LARGO	19					6.85	0	8.5	1	0.2
18 KEY LARGO	20					12.9	0	8.9	1	1.0
19 KEY LARGO	21					2.83	3	2.6	1	0.3
20 KEY LARGO	22					5.22	2	1.6	0	CLOSED
21 KEY LARGO	23					4.87	4	7.9	1	0.4
22 KEY LARGO	24					2.84	0	2.5	1	-0.1
23 KEY LARGO	25					2.5	0	2.2	1	-0.2
24 KEY LARGO	26					8.92	6	4.0	1	1.6
25 KEY LARGO	27					0.79	0	1.3	1	-0.5
26 KEY LARGO	28	X				3.25	3.5	2.7	1	0.4
27 KEY LARGO	29	X				0.84	0	1.6	1	-0.5
28 KEY LARGO	30					1.63	1	1.8	1	-0.1
29 KEY LARGO	31					0.86	0	1.4	1	-0.5
30 KEY LARGO	32					1.65	0	1.4	1	-0.3
31 KEY LARGO	33					3.37	1.5	2.1	1	0.3
32 KEY LARGO	34					1.02	0	1.6	1	-0.8
33 KEY LARGO	35					2.61	0	1.1	1	0.3
34 KEY LARGO	36					0.69	0	1.8	1	-0.5
35 KEY LARGO	37					1.17	2	1.5	1	-0.1
36 KEY LARGO	38					0.23	0	0.9	1	-0.7
37 KEY LARGO	39					0.98	0	1.5	1	-0.4
38 KEY LARGO	40					2.36	0.6	2.3	2	0.0
39 KEY LARGO	41					0.24	1	4.4	1	-0.8
40 KEY LARGO	42					0.47	1	1.1	1	-0.5
41 KEY LARGO	43					0.21	0	1.0	1	-0.7
42 KEY LARGO	44					5.34	0.5	2.5	2	0.3
43 KEY LARGO	45	X		X		2.82	3.5	2.5	1	0.3
44 KEY LARGO	46					2.47	0.3	1.7	1	0.0
45 KEY LARGO	47	X	X			10.8	16	4.8	1	3.3
46 KEY LARGO	48					3.88	2.3	7.2	1	0.0
47 KEY LARGO	49					13.4	5	3.5	1	2.5
48 KEY LARGO	50					0.42	1	2.2	1	-0.6
49 KEY LARGO	51					0.7	0	1.2	1	-0.6
50 KEY LARGO	52					3.39	4	3.0	1	0.5
51 KEY LARGO	53					6.96	6	3.3	1	1.5
52 KEY LARGO	54					0.88	2	1.5	1	-0.2
53 KEY LARGO	55					0.22	0	1.2	1	-0.7
54 KEY LARGO	56					0.2	0	1.1	1	-0.7
55 KEY LARGO	57					0.43	0	1.2	1	-0.7
56 KEY LARGO	58					4.47	8	3.2	1	0.9
57 KEY LARGO	59					2.5	0	3.6	1	-0.3
58 KEY LARGO	60					1.38	0	1.6	1	-0.4
59 KEY LARGO	61					1.35	1	1.3	1	-0.2
60 KEY LARGO	62		X			37	11	7.8	1	5.5
61 KEY LARGO	63					0.96	0	1.0	1	-0.4
62 ROCK HARBOR	64					11.5	0	5.7	0	CLOSED
63 ROCK HARBOR	65				X	13.2	7	5.4	1	2.1
64 ROCK HARBOR	66					0.34	0	1.7	1	-0.7
65 ROCK HARBOR	67					1.36	0.5	1.0	1	-0.2
66 ROCK HARBOR	68					5.11	1	1.5	1	0.0

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Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
67 ROCK HARBOR	69					1.47	0	1.6	1	-0.4
68 ROCK HARBOR	70					5.74	5	3.8	1	0.9
69 ROCK HARBOR	71					7.97	4	3.6	1	1.1
70 ROCK HARBOR	72					2.95	0	2.5	1	-0.1
71 ROCK HARBOR	73					7.27	0	6.5	1	0.3
72 ROCK HARBOR	74					1.08	0.5	1.3	1	-0.3
73 ROCK HARBOR	75					0.78	0	1.1	1	-0.5
74 ROCK HARBOR	76					0.74	0	1.4	1	-0.5
75 ROCK HARBOR	77					1.66	2	1.3	1	0.0
76 ROCK HARBOR	78					2.25	0	1.8	1	-0.2
76 ROCK HARBOR ADDED	79					0.3	0	6.1	1	-0.8
77 ROCK HARBOR	80					6.97	3	2.9	2	0.5
78 ROCK HARBOR	81	X		X		2.52	4	2.6	1	0.3
79 ROCK HARBOR	82					0.86	0	1.5	1	-0.5
80 ROCK HARBOR	83					1.24	0	1.8	1	-0.4
81 ROCK HARBOR	84					1.21	0	1.4	1	-0.4
81 ROCK HARBOR ADDED	85					0.3	3	3.7	1	-0.4
82 ROCK HARBOR	86					1.93	0	1.9	1	-0.2
83 ROCK HARBOR	87					1.35	0	1.8	1	-0.4
84 ROCK HARBOR	88					1.02	0	1.6	1	-0.4
85 ROCK HARBOR	89					0.51	2	1.4	1	-0.4
87 ROCK HARBOR	90					0.42	2	1.4	1	-0.4
88 ROCK HARBOR	91					1.86	1.3	1.7	1	-0.1
89 ROCK HARBOR	92					1.34	0	1.1	1	-0.3
90 TAVERNIER	93					0.76	0	1.4	1	-0.6
91 TAVERNIER	94					0.83	0	1.3	1	-0.6
92 TAVERNIER	95					0.93	0	1.6	1	-0.5
93 TAVERNIER	96					2.11	0	2.3	1	-0.3
94 TAVERNIER	97					1.01	0	1.3	1	-0.5
95 TAVERNIER	98	X				0.41	0	1.6	1	-0.7
96 TAVERNIER	99	X				0.55	0	1.7	1	-0.6
97 TAVERNIER	100	X				0.64	0	1.7	1	-0.6
98 ROCK HARBOR	101					2.11	1	1.2	1	-0.1
99 TAVERNIER	102					0.66	0	1.9	1	-0.6
100 TAVERNIER	103					0.84	0	1.3	1	-0.5
101 TAVERNIER	104					2.72	3	2.8	1	0.2
102 TAVERNIER	105					1.86	0	1.9	1	-0.1
103 TAVERNIER	106					2.83	0.3	1.4	1	0.1
104 TAVERNIER	107					10.1	4	4.0	1	1.5
105 TAVERNIER	108					1.58	2	1.6	2	0.0
106 PLANTATION KEY	109					1.36	1	1.8	1	-0.3
107 PLANTATION KEY	110					4.28	4.5	3.3	1	0.7
108 PLANTATION KEY	111					0.84	0	3.2	1	-0.7
109 PLANTATION KEY	112					3.44	3	3.4	1	0.4
110 PLANTATION KEY	113					3.79	2	1.7	1	0.6
111 PLANTATION KEY	114					2.42	1	2.3	1	-0.1
112 PLANTATION KEY	115					2.13	0	2.7	1	-0.3
113 PLANTATION KEY	116					4.28	3.5	2.8	1	0.6
114 PLANTATION KEY	117					3.42	0.6	1.9	1	0.3
115 PLANTATION KEY	118					2.09	0	1.7	1	-0.1
116 PLANTATION KEY	119					2.89	0	3.0	1	-0.5
116 PLANTATION KEY ADDED	120					3.4	1	15.0	1	-0.4
117 PLANTATION KEY	121					2.2	0	1.6	1	0.0
118 PLANTATION KEY	122					17.1	7	3.7	2	1.7
119 PLANTATION KEY	123					1.36	0.5	2.1	1	-0.4
120 PLANTATION KEY	124	X			X	12.9	9	3.9	1	2.9
121 PLANTATION KEY	125					2.06	1	2.0	1	-0.1
122 PLANTATION KEY	126					1.08	2	1.2	1	-0.2
123 PLANTATION KEY	127					0.46	0	1.2	1	-0.6
123 PLANTATION KEY ADDED	128					0.5	1	5.6	1	-0.8
124 PLANTATION KEY	129					6.47	3	3.0	1	0.9
125 PLANTATION KEY	130					3.02	0	2.5	1	-0.1
126 PLANTATION KEY	131					2.93	0	3.1	1	-0.1
127 PLANTATION KEY	132					8.84	5	6.1	0	CLOSED
128 PLANTATION KEY	133					3.08	0	3.0	1	-0.1
129 PLANTATION KEY	134					2.89	2.5	1.9	0	CLOSED
130 PLANTATION KEY	135					3.13	0	3.0	1	-0.1

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Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
131 PLANTATION KEY	136					3.28	0	3.0	1	0.0
132 PLANTATION KEY	137					5.28	1	5.6	1	0.1
133 PLANTATION KEY	138					3.25	0	2.9	1	0.0
134 PLANTATION KEY	139					3.5	0	2.8	1	0.0
135 PLANTATION KEY	140					3.04	0	2.9	1	-0.1
136 PLANTATION KEY	141					3.26	0	2.7	1	-0.1
137 PLANTATION KEY	142					5.7	0	5.7	1	0.1
138 PLANTATION KEY	143					3.09	0	2.7	1	-0.1
139 PLANTATION KEY	144					4.27	1.5	2.7	1	0.3
139 PLANTATION KEY ADDED	145					0.1	0	3.2	1	-0.8
139 PLANTATION KEY ADDED 2	146					0.2	1	7.0	1	-0.7
140 PLANTATION KEY	147					0.73	0	2.4	1	-0.8
141 PLANTATION KEY	148					0.93	0	1.5	1	-0.5
142 PLANTATION KEY	149					0.53	1	2.9	1	-0.6
142 PLANTATION KEY ADDED	150					0.7	1	6.7	2	-0.3
143 UPPER MATECUMBE	151					2.88	1	4.0	1	-0.2
143 UPPER MATECUMBE ADDED	152					1.0	1	7.0	1	-0.6
144 LOWER MATECUMBE KEY	153					3.31	4	2.7	1	0.4
145 LOWER MATECUMBE KEY	154					2.38	1	1.6	1	0.2
146 LOWER MATECUMBE KEY	155					0.81	0	2.5	1	-0.6
147 LOWER MATECUMBE KEY	156					0.87	0	1.0	1	-0.5
148 LOWER MATECUMBE KEY	157					1	0	1.4	1	-0.4
148 LOWER MATECUMBE KEY	158					0.5	2	28.2	1	-0.6
149 LOWER MATECUMBE KEY	159					14.6	4	7.5	1	1.6
150 LOWER MATECUMBE KEY	160		X			48.8	16	13.1	1	6.9
151 LOWER MATECUMBE KEY	161					14.3	2	8.2	1	1.3
151 LOWER MATECUMBE ADDED 2	162					0.1	0	2.5	1	-0.8
151 LOWER MATECUMBE ADDED	163					0.2	0.5	4.9	1	-0.7
152 LOWER MATECUMBE KEY	164	X				10.3	4	4.2	1	1.7
153 LOWER MATECUMBE KEY	165					3.27	1	2.4	1	0.2
154 LOWER MATECUMBE KEY	166					6.31	5	4.3	1	1.0
155 LOWER MATECUMBE KEY	167	X				9.82	6	4.9	1	1.6
156 LOWER MATECUMBE KEY	168					1.35	0	3.2	1	-0.6
157 LOWER MATECUMBE KEY	169					7.86	1.5	2.8	1	1.2
158 LOWER MATECUMBE KEY	170					0.62	0	3.3	1	-0.7
159 LONG KEY/LAYTON	171					5.23	4	3.6	1	0.8
160 LONG KEY	172					1.15	0	1.5	1	-0.4
161 LONG KEY	173					0.87	0	1.5	1	-0.6
162 LONG KEY/LAYTON	174	X				2.88	4	2.4	2	0.2
163 LONG KEY/LAYTON	175	X		X		2.8	4	2.3	1	0.4
164 DUCK KEY	176	X				55.1	6	6.8	4	2.0
164 CONCH KEY ADDED 2	177					0.8	0.2	6.5	1	-0.7
164 CONCH KEY ADDED 3	178					1.3	1	11.3	1	-0.6
164 CONCH KEY ADDED	179					2.2	2	9.3	2	-0.2
165 GRASSY KEY	180					5.82	4	3.6	0	CLOSED
166 GRASSY KEY	181					5.07	3.5	3.0	0	CLOSED
166 GRASSY KEY ADDED	182		X			1.8	2	8.1	1	-0.4
167 CRAWL KEY	183					2.41	0	2.9	0	CLOSED
168 CRAWL KEY	184					3.62	0	3.7	0	CLOSED
169 MARATHON	185					0.85	0	2.9	0	CLOSED
170 MARATHON	186	X				6	2	4.5	1	0.6
171 MARATHON	187					2.51	2	2.3	1	0.1
172 MARATHON	188					0.44	0	2.7	1	-0.7
173 MARATHON	189					0.74	0	3.2	1	-0.6
174 MARATHON	190					1.14	0	3.9	1	-0.5
175 MARATHON	191					1.89	0	3.3	1	-0.5
176 MARATHON	192					1.47	0	4.4	1	-0.4
177 MARATHON	193					4.04	0	5.7	1	-0.1
178 MARATHON	194					2.47	0	5.6	1	-0.3
179 MARATHON	195					2.35	0	4.0	1	-0.3
180 MARATHON	196					1.36	0	4.7	1	-0.5
181 MARATHON	197					5.12	0	6.5	1	0.2
182 MARATHON	198					1.52	0	4.0	1	-0.5
183 MARATHON	199					0.76	0	2.0	1	-0.6
184 MARATHON	200	X				5.54	6	4.5	1	1.1
184 MARATHON ADDED	201	X				0.2	0.2	2.6	1	-0.8
185 MARATHON	202					4.85	0	4.6	1	0.1

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186 MARATHON	203	X				0.59	0	1.4	1	-0.6
187 MARATHON	204					1.16	0	3.7	1	-0.6
188 MARATHON	205					0.69	0	1.7	1	-0.6
189 MARATHON	206					1.25	0	3.1	1	-0.5
190 MARATHON	207					5.73	0	4.8	1	0.2
191 MARATHON	208	X				17	7	9.2	1	2.3
192 MARATHON	209					3.38	2	14.6	1	-0.2
193 MARATHON	210					5.53	0	4.8	1	0.1
194 MARATHON	211					2.1	0	4.6	1	-0.4
195 MARATHON	212					5.77	0	4.9	1	0.2
196 MARATHON	213					4.08	4	2.9	4	0.2
197 MARATHON	214					4.04	0	4.2	1	-0.1
198 MARATHON	215	X				5.26	2	1.9	2	0.6
199 MARATHON	216					1.1	1.5	3.7	1	-0.4
200 MARATHON	217					1.95	2	1.6	2	0.1
201 MARATHON	218					3.27	0	4.2	1	-0.2
202 MARATHON	219					0.24	0	1.3	1	-0.7
203 MARATHON	220					0.95	0	1.4	1	-0.4
204 MARATHON	221					1.11	2	1.7	1	-0.1
205 MARATHON	222					8.7	0	6.0	1	0.5
206 MARATHON	223	X				13.7	1	8.2	1	1.2
208 MARATHON	224					1.11	0	1.6	1	-0.3
209 MARATHON	225					2.75	0	2.9	1	-0.1
210 MARATHON	226					5.71	0	3.7	1	0.5
211 MARATHON	227					0.93	0	1.1	1	-0.5
212 MARATHON	228					2.97	0	3.2	1	-0.1
213 MARATHON	229					5.76	0	3.3	1	0.6
214 MARATHON	230					4.07	0	3.2	1	0.2
215 MARATHON	231					2.87	0	3.5	1	-0.1
216 MARATHON	232					6.1	0	2.6	1	0.7
217 MARATHON	233					5.65	0	3.7	1	0.6
218 MARATHON	234					0.92	0	3.0	1	-0.4
219 MARATHON	235					6.21	0	2.4	1	0.7
220 MARATHON	236	X				0.95	0	3.0	1	-0.5
221 MARATHON	237					0.65	1	1.3	1	-0.4
222 MARATHON	238					0.74	1	1.5	1	-0.4
223 MARATHON	239	X				5.96	4	32.3	1	-0.1
224 MARATHON	240					0.91	0	1.3	1	-0.5
225 MARATHON	241					0.58	0	1.4	1	-0.6
226 MARATHON	242					0.29	0	1.8	1	-0.7
227 MARATHON	243					1.27	0	1.4	1	-0.4
228 MARATHON	244					0.93	0	1.0	1	-0.3
229 BIG PINE KEY	245				X	7.47	11	4.7	1	2.2
230 MARATHON	246					0.28	0	1.4	1	-0.7
231 MARATHON	247					0.5	0	1.6	1	-0.6
232 MARATHON	248					1.94	2	1.8	1	0.1
232 MARATHON ADDED	249					0.3	0	5.2	1	-0.8
232 MARATHON ADDED 2	250					0.7	1	10.1	1	-0.8
233 BIG PINE KEY	251					0.71	1	1.4	1	-0.4
234 MARATHON	252					0.82	0	1.2	1	-0.7
235 MARATHON	253	X				0.75	0	1.4	1	-0.8
236 MARATHON	254					0.97	0	1.4	1	-0.6
237 MARATHON	255	X				1.88	0	1.3	1	-0.5
238 BIG PINE KEY	256					15	23	6.3	1	5.3
239 MARATHON	257					1.28	0	1.6	1	-0.3
240 MARATHON	258					1.48	0	1.7	1	-0.3
241 MARATHON	259					2.47	0	3.0	1	-0.3
242 MARATHON	260					2.39	0	1.9	1	0.0
243 MARATHON	261					11.1	6	4.9	1	1.9
244 MARATHON	262	X				0.76	0	1.8	1	-0.6
244 MARATHON ADDED	263					1.3	2	7.9	1	-0.4
244 MARATHON ADDED 2	264					3.1	2	9.6	1	-0.3
244 MARATHON ADDED 3	265					4.8	4.5	8.8	1	0.2
245 MARATHON	266					1.44	0	1.4	1	-0.4
246 MARATHON	267					1.14	0	2.1	1	-0.3
247 MARATHON	268					1.49	1	1.6	1	-0.2
248 MARATHON	269					2.22	2	2.8	2	0.0

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249 MARATHON	270					1.21	0	1.6	1	-0.4
250 MARATHON	271					1.04	1	1.5	1	-0.3
251 MARATHON	272					11.8	3	3.5	2	1.0
252 MARATHON	273	X				2.51	2	3.7	1	0.0
253 MARATHON	274					4.99	1	3.1	2	0.3
254 MARATHON	275					7.4	0	3.9	2	0.3
255 BIG PINE KEY	276					5.73	7	3.4	1	1.3
256 MARATHON (SPLIT)	277					1.55	0	12.1	1	0.5
256 MARATHON	278					27.9	10	10.7	2	2.0
256 MARATHON ADDED	279					0.1	0	3.1	1	-0.8
257 MARATHON	280					8.35	2	3.6	2	0.6
258 BIG PINE KEY	281	X				5.73	4.5	2.7	1	1.2
259 BIG PINE	282	X				0.99	1	3.3	1	-0.5
260 MARATHON	283					5.04	2	3.6	1	0.5
261 No Name Key	284	X				8.78	6	4.4	2	0.8
262 BIG TORCH KEY	285					5.57	1	1.9	1	1.3
263 BIG PINE KEY	286					3.76	4	2.6	1	0.7
264 MARATHON	287					10.9	5.5	8.3	1	1.5
265 No Name Key	288					1.45	0	3.2	1	-0.4
266 BIG PINE KEY	289					1.1	0	0.9	1	-0.3
267 BIG PINE KEY	290					0.58	0	1.5	1	-0.6
268 MARATHON	291					4.33	4	5.0	1	0.5
269 MARATHON	292					2.02	1	3.1	1	-0.2
270 BIG PINE KEY	293	X				0.36	0	1.3	1	-0.7
270 BIG PINE KEY	294	X				0.36	0	1.3	1	-0.7
271 MARATHON	295					0.8	0	2.2	1	-0.6
272 BIG PINE KEY	296					0.39	0	1.4	1	-0.7
273 BIG PINE KEY	297			X		2.85	6	1.3	1	1.1
274 BIG PINE KEY	298	X				0.34	0	1.3	1	-0.7
275 BIG PINE KEY	299					0.36	0	1.0	1	-0.7
276 BIG PINE KEY	300					0.33	0	1.4	1	-0.7
277 BIG PINE KEY	301	X				5.45	9	3.9	1	1.6
278 BIG PINE KEY	302					21.6	25	6.0	1	6.1
279 LITTLE TORCH KEY	303					0.5	0	1.3	1	-0.6
280 LITTLE TORCH KEY	304					2.42	3	2.7	1	0.3
281 LITTLE TORCH KEY	305	X				2.21	1	1.2	1	0.2
282 BIG PINE KEY	306					1.95	3	1.9	1	0.4
283 BIG PINE KEY	307					0.62	0	1.5	1	-0.6
284 BIG PINE KEY	308					3.13	2	3.0	1	0.2
285 LITTLE TORCH KEY	309					1.37	2	3.5	1	-0.2
286 BIG PINE KEY	310	X				5.11	5	2.8	1	1.2
287 BIG PINE KEY	311					1.43	0	1.6	1	-0.3
288 BIG PINE KEY	312					1.37	0	1.8	1	-0.2
289 BIG PINE KEY	313					2.78	0	1.8	1	0.2
290 BIG PINE KEY	314					0.62	0	1.2	1	-0.6
291 BIG PINE KEY	315					2.05	0	1.3	1	0.1
292 LITTLE TORCH KEY	316					6.47	9	6.2	1	1.5
293 BIG PINE KEY	317					0.91	0	1.9	1	-0.5
294 BIG PINE KEY	318					2.07	0	1.5	1	0.0
295 BIG PINE KEY	319					0.23	0	1.3	1	-0.7
296 BIG PINE KEY	320					1.69	0	1.2	1	0.0
297 BIG PINE KEY	321					0.46	0	2.0	1	-0.8
298 BIG PINE KEY	322					1.58	0	1.3	1	-0.1
299 BIG PINE KEY	323	X				0.56	0	1.6	1	-0.6
300 BIG PINE KEY	324					0.52	0	1.7	1	-0.6
301 BIG PINE KEY	325					1.39	0	1.3	1	-0.2
302 BIG PINE KEY	326					1.23	0	0.9	1	-0.3
303 BIG PINE KEY	327					1.45	0	1.8	1	-0.3
304 SUGARLOAF KEY	328					0.21	0	0.9	1	-0.7
305 SUGARLOAF KEY	329	X				0.28	0	1.3	1	-0.7
306 SUGARLOAF KEY	330	X				0.35	0	1.6	1	-0.7
307 SUGARLOAF KEY	331	X				2.14	0	1.4	1	0.0
308 SUGARLOAF KEY	332					0.36	0	0.9	1	-0.7
309 BIG PINE KEY	333				X	14.4	12	5.5	1	3.1
310 RAMROD KEY	334					1.33	1	1.1	0	CLOSED
311 RAMROD KEY	335					1.1	0	1.0	1	-0.3

REFERENCE: The inventory is a listing of the residential canals indentified in the 2003 GIS Database prepared by AMEC Environment Infrastructure, Inc., as ammended in 2012.

TABLE 1: RESIDENTIAL CANAL INVENTORY

Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
312 CUDJOE KEY (MERGED)	336					5.25	0	1.8	1	0.2
314 CUDJOE KEY	337					0.24	0	1.3	1	-0.7
315 322 BIG PINE KEY	338					1.16	0	0.0	1	-0.7
316 CUDJOE KEY	339					0.26	0	1.3	1	-0.7
317 LITTLE TORCH KEY	340				X	7.46	10	4.1	1	2.1
318 SUGARLOAF KEY	341					2.2	0	0.7	1	0.1
319 BIG PINE KEY	342					0.32	0	0.9	1	-0.7
320 SUMMERLAND KEY	343					1.24	0	1.9	1	-0.4
321 BIG PINE KEY	344					0.28	0	0.7	1	-0.6
322 CUDJOE KEY	345					0.86	0	1.9	1	-0.5
323 SUMMERLAND KEY	346					2.58	0	2.4	1	0.0
324 CUDJOE KEY	347					2.04	0	1.8	1	-0.1
325 SUGARLOAF KEY	348					1.37	0	0.9	1	-0.2
326 CUDJOE KEY	349				X	6.53	9	2.4	1	2.3
327 BIG PINE KEY	350					0.36	0	1.2	1	-0.7
328 SUMMERLAND KEY	351					0.85	1	1.8	1	-0.4
329 CUDJOE KEY	352					8.16	8	5.3	1	1.8
330 CUDJOE KEY	353					0.83	0	1.4	1	-0.5
331 CUDJOE KEY	354					0.85	0	1.8	1	-0.6
332 CUDJOE KEY	355					1.76	0	1.6	1	-0.2
333 SUMMERLAND KEY	356					1.09	2	3.0	1	-0.2
334 CUDJOE KEY	357					0.87	0	1.8	1	-0.5
335 CUDJOE KEY	358					5.46	5	2.3	1	1.3
336 CUDJOE KEY	359		X			10.8	9.5	3.6	1	2.8
337 CUDJOE KEY	360					1.61	0	1.8	1	-0.2
338 CUDJOE KEY	361					0.87	0	1.5	1	-0.6
339 LITTLE TORCH KEY	362					7.05	7	3.8	1	1.7
340 CUDJOE KEY	363					1.32	0	1.6	1	-0.3
341 CUDJOE KEY	364					0.87	0	1.6	1	-0.5
342 BIG PINE KEY	365					0.08	0	1.1	1	-0.8
343 CUDJOE KEY	366					1.71	1	3.1	1	-0.3
344 CUDJOE KEY	367					1.67	2	1.9	1	0.0
345 CUDJOE KEY	368					0.62	0	0.9	1	-0.5
346 BIG PINE KEY	369					0.39	0	2.8	1	-0.7
347 CUDJOE KEY	370					0.77	1	1.8	1	-0.4
348 BIG PINE KEY	371					0.33	0	0.0	1	-0.8
349 CUDJOE KEY	372					0.46	0	1.0	1	-0.6
350 RAMROD KEY	373					18.7	18	3.6	1	5.4
351 SUMMERLAND KEY	374					27.1	11	4.0	7	0.9
352 CUDJOE KEY	375					1.91	3	2.3	1	0.2
353 CUDJOE KEY	376					0.37	0	1.1	1	-0.6
354 CUDJOE KEY	377					0.28	0	1.2	1	-0.7
355 CUDJOE KEY	378					3.72	2	4.7	1	0.2
356 SUMMERLAND KEY	379					0.88	0	5.4	1	-0.7
357 CUDJOE KEY	380					0.3	0	1.3	1	-0.7
358 SUMMERLAND KEY	381					0.25	0	1.7	1	-0.7
359 CUDJOE KEY	382					0.39	0	1.5	1	-0.7
360 CUDJOE KEY	383					0.72	0	1.8	1	-0.6
361 SUMMERLAND KEY	384					0.24	0	1.3	1	-0.7
362 CUDJOE KEY	385					0.4	0	1.0	1	-0.6
363 CUDJOE KEY	386					1.12	2	2.8	1	-0.2
364 CUDJOE KEY	387					0.43	0	1.4	1	-0.6
365 SUMMERLAND KEY	388					0.37	0	2.7	1	-0.7
366 CUDJOE KEY	389					0.82	0	2.1	1	-0.5
367 CUDJOE KEY	390					0.6	0	1.5	1	-0.5
368 CUDJOE KEY	391					0.84	1	1.9	1	-0.4
369 CUDJOE KEY	392					0.69	0	1.3	1	-0.5
370 CUDJOE KEY	393					0.58	0	2.0	1	-0.6
371 CUDJOE KEY	394					0.44	0	1.1	1	-0.8
372 CUDJOE KEY	395					0.38	0	1.2	1	-0.8
373 CUDJOE KEY	396					0.55	0	1.5	1	-0.6
374 CUDJOE KEY	397					0.39	0	1.0	1	-0.6
375 CUDJOE KEY	398					0.83	0	1.3	1	-0.5
376 CUDJOE KEY	399					0.48	0	1.6	1	-0.6
377 CUDJOE KEY	400					0.6	0	1.2	1	-0.6
378 CUDJOE KEY	401					0.68	0	1.5	1	-0.5
379 SUMMERLAND KEY	402					0.78	0	1.9	1	-0.6
380 CUDJOE KEY	403					0.7	0	1.4	1	-0.5

REFERENCE: The inventory is a listing of the residential canals indentified in the 2003 GIS Database prepared by AMEC Environment Infrastructure, Inc., as ammended in 2012.

TABLE 1: RESIDENTIAL CANAL INVENTORY

Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
381 SUMMERLAND KEY	404					1.36	0	1.7	1	-0.4
382 SUMMERLAND	405					0.14	0	0.9	1	-0.7
383 SUMMERLAND	406					0.74	1	2.3	1	-0.4
384 SUGARLOAF KEY	407					2.84	5	4.2	1	0.8
385 SUGARLOAF KEY	408					0.72	0	2.1	1	-0.6
386 SUGARLOAF KEY	409					0.62	0	1.5	1	-0.6
387 SUGARLOAF KEY	410					0.58	0	3.0	1	-0.7
388 SUGARLOAF KEY	411					3.69	2	3.1	1	0.4
389 SUGARLOAF KEY	412					0.6	0	1.6	1	-0.6
390 SUGARLOAF KEY	413					1.3	1	2.1	1	-0.3
391 SUGARLOAF KEY	414					0.71	0	1.7	1	-0.6
392 SUGARLOAF KEY	415					2.48	1	3.4	1	-0.1
393 SUGARLOAF KEY	416					0.27	0	1.4	1	-0.7
394 SUGARLOAF KEY	417					0.49	0	1.3	1	-0.6
395 SUGARLOAF KEY	418					1.53	0	2.1	1	-0.4
396 SUGARLOAF KEY	419					0.73	0	1.9	1	-0.6
397 SUGARLOAF KEY	420					0.48	0	1.5	1	-0.7
398 SUGARLOAF KEY	421					0.91	0	2.1	1	-0.7
399 SUGARLOAF KEY	422					1.32	0	1.9	1	-0.5
400 SUGARLOAF KEY	423					0.53	0	1.9	1	-0.6
401 SUGARLOAF KEY	424					1.24	0	2.2	1	-0.4
402 SUGARLOAF KEY	425					0.56	0	2.1	1	-0.7
403 SUGARLOAF KEY	426					1.28	0	2.2	1	-0.4
404 SUGARLOAF KEY	427					0.35	0	1.9	1	-0.7
405 SUGARLOAF KEY	428					0.25	0	1.7	1	-0.7
406 SUGARLOAF KEY	429					1.44	0	2.1	1	-0.4
407 SUGARLOAF KEY	430					1.39	0	1.8	1	-0.4
408 SUGARLOAF KEY	431					1.09	0	2.1	1	-0.5
409 SUGARLOAF KEY	432					1.39	0	1.6	2	-0.2
410 SUGARLOAF KEY	433					0.28	0	1.6	1	-0.7
411 SUGARLOAF KEY	434					1.58	0	2.2	1	-0.4
412 SUGARLOAF KEY	435					0.84	0	2.4	1	-0.6
413 SUGARLOAF KEY	436					0.6	0	1.9	1	-0.6
414 SUGARLOAF KEY	437					2.32	2	4.6	1	-0.1
415 SUGARLOAF KEY	438					0.89	0	2.1	1	-0.6
416 SUGARLOAF KEY	439					0.32	0	1.6	1	-0.7
417 SUGARLOAF KEY	440					1.28	0	2.1	1	-0.4
418 SUGARLOAF KEY	441					0.38	0	1.5	1	-0.7
419 SUGARLOAF KEY	442					0.7	0	2.1	1	-0.6
420 SUGARLOAF KEY	443					2.2	1	3.5	1	-0.2
421 SUGARLOAF KEY	444					0.43	0	1.9	1	-0.7
422 SUGARLOAF KEY	445					1.41	0	2.3	1	-0.4
423 SUGARLOAF KEY	446					0.23	0	1.7	1	-0.7
424 SUGARLOAF KEY	447					2.74	1	2.9	1	0.0
425 SUGARLOAF KEY	448					0.79	0	2.1	1	-0.6
426 SUGARLOAF KEY	449					0.64	0	1.9	0	CLOSED
427 SUGARLOAF KEY	450					2.64	0	2.5	1	-0.1
428 SUGARLOAF KEY	451					1.42	0	2.8	1	-0.4
429 SUGARLOAF KEY	452					1.33	0	2.0	1	-0.5
430 SUGARLOAF KEY	453					1.2	0	1.0	0	CLOSED
431 SUGARLOAF	454				X	6.41	1.5	0.4	1	2.1
432 SADDLEBUNCH KEYS	455					1.04	0.5	1.7	1	-0.2
433 SADDLEBUNCH KEYS (MERGED)	456					2.7	0.5	1.7	1	-0.1
435 SADDLEBUNCH KEYS	457					2.46	0	2.0	1	0.0
436 BIG COPPITT KEY	458					0.59	0	1.9	1	-0.6
437 BIG COPPITT	459					3.69	3	2.2	1	0.6
438 BIG COPPITT KEY	460					0.85	0	1.7	1	-0.5
439 BIG COPPITT KEY	461					1.02	0	1.5	1	-0.5
440 BIG COPPITT KEY	462					0.47	0	1.1	1	-0.6
441 BIG COPPITT KEY	463					1.24	0	1.7	1	-0.4
442 BIG COPPITT	464					0.3	0	1.7	1	-0.7
443 BIG COPPITT KEY	465					1.41	0	1.5	1	-0.3
444 BIG COPPITT KEY	466					1.66	0	1.4	1	-0.2
445 BIG COPPITT KEY	467					1.91	0	2.0	1	-0.2
446 BIG COPPITT KEY	468					2.12	0	2.2	1	-0.2
447 BIG COPPITT KEY	469					1.62	1	2.3	1	-0.3
448 BIG COPPITT KEY	470					1.88	0	2.9	0	CLOSED

~~REFERENCE: The inventory is a listing of the residential canals indentified in the 2003 GIS Database prepared by AMEC Environment Infrastructure, Inc., as ammended in 2012~~

TABLE 1: RESIDENTIAL CANAL INVENTORY

Canal Name	Count	Weed Wrack Gate	Culvert	Backfill	Pumping	Area (ac)	Number of Convolutions	Area to Length Ratio	Number of Mouths	Degree of Stagnation
449 BIG COPPITT KEY	471					4.29	0	4.5	1	0.0
450 ROCKLAND	472					2.38	0	1.7	1	0.0
451 BOCA CHICA KEY	473		X			37.7	7.5	15.6	1	4.3
452 GEIGER KEY	474					0.49	0	1.0	1	-0.7
453 GEIGER KEY	475					0.55	0	1.6	1	-0.6
454 GEIGER KEY	476					0.55	0	1.5	1	-0.6
455 GEIGER KEY	477					0.22	0	1.2	1	-0.7
456 GEIGER KEY	478					0.21	0	1.7	1	-0.7
457 KEY HAVEN	479					5.96	6	4.4	1	1.2
458 GEIGER KEY	480					0.29	0	1.3	1	-0.7
459 GEIGER KEY	481					0.25	0	0.9	1	-0.7
460 GEIGER KEY	482					0.66	0	2.0	1	-0.8
461 KEY HAVEN	483					17.8	2	11.2	1	1.6
462 GEIGER KEY	484					1.99	2	2.1	1	0.1
463 GEIGER KEY	485					1.12	0	1.4	1	-0.3
464 GEIGER KEY	486					1.16	1	1.4	1	-0.2
465 GEIGER KEY	487					0.15	0	0.9	1	-0.7
466 GEIGER KEY	488					1.79	2	1.5	1	0.0
467 GEIGER KEY	489					0.45	0	0.9	1	-0.6
468 GEIGER KEY	490					0.29	0	0.9	1	-0.7
469 KEY HAVEN	491					6.97	5	3.6	1	1.3
470 GEIGER KEY	492					3.66	5	2.9	1	0.8
471 KEY HAVEN	493	X	X			14.5	8	7.0	1	2.4
472 GEIGER KEY	494					0.59	0	1.0	1	-0.6
473 KEY HAVEN	495					2.09	0	2.9	1	-0.3
474 GEIGER KEY	496					0.2	0	1.1	1	-0.7
475 GEIGER KEY	497					2.79	2	1.5	1	0.4
476 GEIGER KEY	498					0.32	1	1.4	1	-0.5
477 KEY WEST	499					13.3	1	4.9	2	0.8
478 STOCK ISLAND	500					1.13	0	1.9	1	-0.4
479 STOCK ISLAND	501					9.33	0	7.3	1	0.4
480 KEY WEST	502					33.1	9	4.3	2	3.4

~~REFERENCE: The inventory is a listing of the residential canals indentified in the 2008 GIS Database prepared by AMEC Environment Infrastructure, Inc., as ammended in 2012.~~

ATTACHMENT B
PAYMENT REQUEST SUMMARY FORM

Grantee: ______________________________

Mailing Address: ______________________________

____

DEP Agreement No.: ____________________

Date Of Request: ____________________

Task/Deliverable Amount Requested:$ ____________________

Grantee's Grant Manager:

____

Payment Request No.: ______________

Performance Period: ______________________________

Task/Deliverable No.: ______________________________

GRANT EXPENDITURES SUMMARY SECTION

[Effective Date of Grant through End-of-Grant Period]

CATEGORY OF EXPENDITURE	AMOUNT OF THIS REQUEST	TOTAL CUMULATIVE PAYMENT REQUESTS	MATCHING FUNDS	TOTAL CUMULATIVE MATCHING FUNDS
Salaries	$N/A	$N/A	$N/A	$N/A
Fringe Benefits	$N/A	$N/A	$N/A	$N/A
Travel (if authorized)	$N/A	$N/A	$N/A	$N/A
Subcontracting:			$N/A	$N/A
Contractual Services	$	$	$N/A	$N/A
Design	$N/A	$N/A	$N/A	$N/A
Construction	$N/A	$N/A	$N/A	$N/A
Equipment Purchases	$N/A	$N/A	$N/A	$N/A
Supplies/Other Expenses	$N/A	$N/A	$N/A	$N/A
Land	$N/A	$N/A	$N/A	$N/A
Indirect	$N/A	$N/A	$N/A	$N/A
TOTAL AMOUNT	$	$	$N/A	$N/A
TOTAL TASK/DELIVERABLE BUDGET AMOUNT	$		$N/A	
Less Total Cumulative Payment Requests of:	$		$N/A	
TOTAL REMAINING IN TASK	$		$N/A	

GRANTEE CERTIFICATION

The undersigned certifies that the amount being requested for reimbursement above was for items that were charged to and utilized only for the above cited grant activities.

Grantee's Grant Manager's Signature	Grantee's Fiscal Agent
Print Name	Print Name
Telephone Number	Telephone Number

INSTRUCTIONS FOR COMPLETING
PAYMENT REQUEST SUMMARY FORM

GRANTEE: Enter the name of the grantee's agency.
MAILING ADDRESS: Enter the address that you want the state warrant sent.
DEP AGREEMENT NO.: This is the number on your grant agreement.
DATE OF REQUEST: This is the date you are submitting the request.
TASK/DELIVERABLE AMOUNT REQUESTED: This should match the amount on the *"TOTAL TASK/DELIVERABLE BUDGET AMOUNT"* line for the *"AMOUNT OF THIS REQUEST"* column.
GRANTEE'S GRANT MANAGER: This should be the person identified as grant manager in the grant Agreement.
PAYMENT REQUEST NO.: This is the number of your payment request, not the quarter number.
PERFORMANCE PERIOD: This is the beginning and ending date of the performance period for the task/deliverable that the request is for (this must be within the timeline shown for the task/deliverable in the Agreement).
TASK/DELIVERABLE NO.: This is the number of the task/deliverable that you are requesting payment for and/or claiming match for (must agree with the current Grant Work Plan).

GRANT EXPENDITURES SUMMARY SECTION:

"AMOUNT OF THIS REQUEST" COLUMN: Enter the amount that was expended for this task during the period for which you are requesting reimbursement for this task. This must agree with the currently approved budget in the current Grant Work Plan of your grant Agreement. Do not claim expenses in a budget category that does not have an approved budget. Do not claim items that are not specifically identified in the current Grant Work Plan. Enter the column total on the *"TOTAL AMOUNT"* line. Enter the amount of the task on the *"TOTAL TASK BUDGET AMOUNT"* line. Enter the total cumulative amount of this request and all previous payments on the *"LESS TOTAL CUMULATIVE PAYMENT REQUESTS OF"* line. Deduct the *"LESS TOTAL CUMULATIVE PAYMENT REQUESTS OF"* from the *"TOTAL TASK BUDGET AMOUNT"* for the amount to enter on the *"TOTAL REMAINING IN TASK"* line.

"TOTAL CUMULATIVE PAYMENT REQUESTS" COLUMN: Enter the cumulative amounts that have been requested to date for reimbursement by budget category. The final request should show the total of all requests; first through the final request (this amount cannot exceed the approved budget amount for that budget category for the task you are reporting on). Enter the column total on the *"TOTALS"* line. **Do not enter anything in the shaded areas.**

"MATCHING FUNDS" COLUMN: Enter the amount to be claimed as match for the performance period for the task you are reporting on. This needs to be shown under specific budget categories according to the currently approved Grant Work Plan. Enter the total on the *"TOTAL AMOUNT"* line for this column. Enter the match budget amount on the *"TOTAL TASK BUDGET AMOUNT"* line for this column. Enter the total cumulative amount of this and any previous match claimed on the *"LESS TOTAL CUMULATIVE PAYMENTS OF"* line for this column. Deduct the *"LESS TOTAL CUMULATIVE PAYMENTS OF"* from the *"TOTAL TASK BUDGET AMOUNT"* for the amount to enter on the *"TOTAL REMAINING IN TASK"* line.

"TOTAL CUMULATIVE MATCHING FUNDS" COLUMN: Enter the cumulative amount you have claimed to date for match by budget category for the task. Put the total of all on the line titled *"TOTALS."* The final report should show the total of all claims, first claim through the final claim, etc. **Do not enter anything in the shaded areas.**

GRANTEE CERTIFICATION: **Must be signed by both the Grantee's Grant Manager as identified in the grant agreement and the Grantee's Fiscal Agent.**

NOTES:
If claiming reimbursement for travel, you must include copies of receipts and a copy of the travel reimbursement form approved by the Department of Financial Services, Chief Financial Officer.

Documentation for match claims must meet the same requirements as those expenditures for reimbursement.

ATTACHMENT C

PROGRESS REPORT FORM

DEP Agreement No.:	S0640		
Grantee Name:			
Grantee Address:			
Grantee's Grant Manager:		**Telephone No.:**	
Reporting Period:			
Project Number and Title:			

Provide the following information for all tasks and deliverables identified in the Grant Work Plan: a summary of project accomplishments for the reporting period; a comparison of actual accomplishments to goals for the period; if goals were not met, provide reasons why; provide an update on the estimated time for completion of the task and an explanation for any anticipated delays and identify by task.

NOTE: Use as many pages as necessary to cover all tasks in the Grant Work Plan.

<u>The following format should be followed:</u>

Task 1:

Progress for this reporting period:

Identify any delays or problems encountered:

This report is submitted in accordance with the reporting requirements of DEP Agreement No. S0640 and accurately reflects the activities associated with the project.

Signature of Grantee's Grant Manager ____________________ Date ____________________

ATTACHMENT D

SPECIAL AUDIT REQUIREMENTS

The administration of resources awarded by the Department of Environmental Protection *(which may be referred to as the "Department", "DEP", "FDEP" or "Grantor", or other name in the contract/agreement)* to the recipient *(which may be referred to as the "Contractor", Grantee" or other name in the contract/agreement)* may be subject to audits and/or monitoring by the Department of Environmental Protection, as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this Agreement, the recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Environmental Protection. In the event the Department of Environmental Protection determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department to the recipient regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the recipient expends $500,000 or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this Attachment indicates Federal funds awarded through the Department of Environmental Protection by this Agreement. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Environmental Protection. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.

2. In connection with the audit requirements addressed in Part I, paragraph 1, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

3. If the recipient expends less than $500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the recipient expends less than $500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such an audit must be paid from recipient resources obtained from other than Federal entities).

4. The recipient may access information regarding the Catalog of Federal Domestic Assistance (CFDA) via the internet at **http://12.46.245.173/cfda/cfda.html.**

PART II: STATE FUNDED

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2)(m), Florida Statutes.

1. In the event that the recipient expends a total amount of state financial assistance equal to or in excess of $500,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT 1 to this Attachment indicates state financial assistance awarded through the Department of Environmental Protection by this Agreement. In determining the state financial assistance expended in its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Environmental Protection, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

2. In connection with the audit requirements addressed in Part II, paragraph 1; the recipient shall ensure that the audit complies with the requirements of Section 215.97(7), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.

3. If the recipient expends less than $500,000 in state financial assistance in its fiscal year, an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the recipient expends less than $500,000 in state financial assistance in its fiscal year, and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the recipient's resources obtained from other than State entities).

4. For information regarding the Florida Catalog of State Financial Assistance (CSFA), a recipient should access the Florida Single Audit Act website located at https://apps.fldfs.com/fsaa for assistance. In addition to the above websites, the following websites may be accessed for information: Legislature's Website at http://www.leg.state.fl.us/Welcome/index.cfm, State of Florida's website at http://www.myflorida.com/, Department of Financial Services' Website at http://www.fldfs.com/ and the Auditor General's Website at http://www.state.fl.us/audgen.

PART III: OTHER AUDIT REQUIREMENTS

(NOTE: This part would be used to specify any additional audit requirements imposed by the State awarding entity that are solely a matter of that State awarding entity's policy (i.e., the audit is not required by Federal or State laws and is not in conflict with other Federal or State audit requirements). Pursuant to Section 215.97(8), Florida Statutes, State agencies may conduct or arrange for audits of State financial assistance that are in addition to audits conducted in accordance with Section 215.97, Florida Statutes. In such an event, the State awarding agency must arrange for funding the full cost of such additional audits.)

PART IV: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this Attachment shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to each of the following:

A. The Department of Environmental Protection at the following address:

Audit Director
Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Submissions of the Single Audit reporting package for fiscal periods ending on or after January 1, 2008, must be submitted using the Federal Clearinghouse's Internet Data Entry System which can be found at http://harvester.census.gov/fac/

C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

2. Pursuant to Section .320(f), OMB Circular A-133, as revised, the recipient shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letters issued by the auditor, to the Department of Environmental Protection at the following address:

Audit Director
Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

3. Copies of financial reporting packages required by PART II of this Attachment shall be submitted by or on behalf of the recipient directly to each of the following:

A. The Department of Environmental Protection at the following address:

Audit Director
Florida Department of Environmental Protection
Office of the Inspector General, MS 40
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

B. The Auditor General's Office at the following address:

State of Florida Auditor General
Room 401, Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450

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4. Copies of reports or management letters required by PART III of this Attachment shall be submitted by or on behalf of the recipient directly to the Department of Environmental Protection at the following address:

> **Audit Director**
> Florida Department of Environmental Protection
> Office of the Inspector General, MS 40
> 3900 Commonwealth Boulevard
> Tallahassee, Florida 32399-3000

5. Any reports, management letters, or other information required to be submitted to the Department of Environmental Protection pursuant to this Agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.

6. Recipients, when submitting financial reporting packages to the Department of Environmental Protection for audits done in accordance with OMB Circular A-133, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the recipient in correspondence accompanying the reporting package.

PART V: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this Agreement for a period of 5 years from the date the audit report is issued, and shall allow the Department of Environmental Protection, or its designee, Chief Financial Officer, or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department of Environmental Protection, or its designee, Chief Financial Officer, or Auditor General upon request for a period of 3 years from the date the audit report is issued, unless extended in writing by the Department of Environmental Protection.

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EXHIBIT – 1

FUNDS AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following:

Federal Program Number	Federal Agency	CFDA Number	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Matching Resources for Federal Programs:

Federal Program Number	Federal Agency	CFDA	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Resources Subject to Section 215.97, F.S.:

State Program Number	Funding Source	State Fiscal Year	CSFA Number	CSFA Title or Funding Source Description	Funding Amount	State Appropriation Category
Original Agreement	Ecosystem ManagementTrust Fund, Line Item 1608	2012-2013	37.039	Statewide Surface Water Restoration and Wastewater Projects	$100,000.00	030000

Total Award	$100,000.00	

For each program identified above, the recipient shall comply with the program requirements described in the Catalog of Federal Domestic Assistance (CFDA) [http://12.46.245.173/cfda/cfda.html] and/or the Florida Catalog of State Financial Assistance (CSFA) [https://apps.fldfs.com/fsaa/searchCatalog.aspx]. The services/purposes for which the funds are to be used are included in the Contract scope of services/work. Any match required by the recipient is clearly indicated in the Contract.

ATTACHMENT E

CERTIFICATION OF APPLICABILITY TO SINGLE AUDIT ACT REPORTING

Grantee's Name:

Grantee Fiscal Year Period: FROM: ____________ TO: ______________

Total State Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

$____________________________________

Total Federal Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

$______________________________________

CERTIFICATION STATEMENT:
I hereby certify that the above information is correct.

____
Signature

____
Date

____
Print Name and Position Title

INSTRUCTIONS FOR COMPLETING THE ATTACHMENT

Grantee Fiscal Year Period: FROM: **Month/Year** TO: **Month/Year**

NOTE: THIS SHOULD BE THE GRANTEE'S FISCAL YEAR FROM (MONTH/YEAR) TO (MONTH/YEAR).

Total State Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

NOTE: THIS AMOUNT SHOULD BE THE TOTAL STATE FINANCIAL ASSISTANCE EXPENDED FROM ALL STATE AGENCIES, NOT JUST DEP.

$______________________________

Total Federal Financial Assistance Expended during Grantee's most recently completed Fiscal Year:

NOTE: THIS AMOUNT SHOULD BE THE TOTAL FEDERAL FINANCIAL ASSISTANCE EXPENDED FROM ALL FEDERAL AGENCIES, NOT JUST THROUGH DEP.

$______________________________

The Certification should be signed by your Chief Financial Officer.

Please print the name and include the title and date of the signature.

CERTIFICATION OF APPLICABILITY TO SINGLE AUDIT ACT REPORTING

FREQUENTLY ASKED QUESTIONS

1. **Question:** Do I complete and return this form when I return my signed Agreement/Amendment?

   Answer: No, this form is to be completed and signed by your Chief Financial Officer and returned 4 months after the end of your fiscal year.

2. **Question:** Can I fax the form to you?

   Answer: Yes, you can fax the Certification form, the fax number is 850/245-2411.

3. **Question:** How can I submit the form if our audit is not completed by the due date of this letter?

   Answer: You should be able to complete the form from the information in your accounting system. This is just to let our Office of the Inspector General know which entities they should be getting an audit from. If you are under the threshold you do not have to submit a copy of your audit, only the Certification form.

4. **Question:** Do you only want what we received from DEP?

   Answer: No, the Single Audit is the TOTAL AMOUNT of funds that you expended towards all state or federal grants that you receive. You should list those that are specific to DEP on the form.

5. **Question:** Do I have to submit the completed form and a copy of my audit?

   Answer: No, you do not have to submit your audit unless you are over the threshold of $500,000. If you would prefer to submit your audit (CAFR) instead of the form, that is fine.

6. **Question:** Our CAFR will not be ready before your due date and we don't have the information necessary to complete the certification. Can we get an extension?

   Answer: Yes, just send us an Email letting us know when you will have your CAFR completed and we will place the Email with your letter in our file so that you don't get a 2nd notice.

7. **Question:** Can I submit my Certification Form or CAFR electronically?

   Answer: Yes, you can submit them by Email to Debbie.skelton@dep.state.fl.us