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| **APPLICATION INSTRUCTIONS*** Local Agencies applying for Project X ECP funds are required to complete and submit this application.
* In addition to this application, applicants must enter and submit technical project information into the OC Stormwater Tools Planning Module.
* Any projects not in compliance with the CTFP Guidelines will not be eligible for funding.
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| **Applicant Information** |
| Agency: | Click here to enter text. |
| Project Title: | Click here to enter text. |
| BMP Type(s) | Click here to enter text.  |
| Project Manager: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| **Joint Applicant Information** *(if applicable)* |
| Agency:  | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| **Proposed Funding Summary** |
| Total Project Cost:  | Click here to enter text. |
| M2 ECP Funds Requested: | Click here to enter text. |
| Local Match Minimum: |  50% |
| **Match Reduction Opportunities – Check Box if Applicable** |
|  [ ]  Environmental Complete | 5% |
|  [ ]  Design Complete | 5% |
|  [ ]  Right-of-Way Complete | 5% |
| Calculated Local Match (35% to 50%) | Click here to enter text. |
| Local Match Amount | Click here to enter text. |
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| **Proposed Project Schedule** | **Start** | **End** |
| City Council Approval | Enter a date. | Enter a date. |
| Joint Applicant Agreement *(if applicable)* | Enter a date. | Enter a date. |
| Environmental Document *(if applicable)* | Enter a date. | Enter a date. |
| Design | Enter a date. | Enter a date. |
| Permitting *(if applicable)* | Enter a date. | Enter a date. |
| Right-of-Way *(if applicable)* | Enter a date. | Enter a date. |
| Award of Contract | Enter a date. |
| Construction |  Enter a date. | Enter a date. |
| **Application Submittal Checklist**  |
|  | **YES** | **N/A** |
| **A** | Design/Concept Drawings  |[ ] [ ]
| **B** | Environmental Document *(if applicable)* |[ ] [ ]
| **C** | Preliminary Agreement(s) with Joint Applicant *(if applicable)* |[ ] [ ]
| **D** | Detailed Cost Estimate |[ ] [ ]
| **E** | Location Maps & Project Site Photos |[ ] [ ]
| **F** | Detailed Schedule |[ ] [ ]
| **G** | City Council Resolution |[ ] [ ]
| **H** | 10-year Draft O&M Plan |[ ] [ ]

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| **Project Description** – Describe the project details including location, proposed BMP(s), watershed(s) treated, need, and purpose. |
| Click here to enter text. |
| 1. Describe the benefits of the proposed project above and beyond water quality improvement (load reduction benefit). ***(up to 10 points)***
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| Click to enter text. |

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| 1. Describe how the project is designed to maximize benefits while reducing costs, such as by aligning with parallel project efforts in the region and/or obtaining additional sources of funding beyond the minimum required match. ***(up to 10 points)***
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| Click to enter text. |
| 1. Describe how the proposed project would provide a regional benefit. ***(up to 5 points)***
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| Click to enter text. |

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| 1. Describe the proposed project’s readiness with regard to concept development, cost estimates, design, environmental compliance, and construction documents. ***(up to 5 points)***
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| Click to enter text. |

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| **Additional Project Details** |
| **Local Match Source(s)** Local match sources may include fair share funds, state or federal grant funds, local city funds, general funds, developer fees, etc. Please list the name and match amount for each source of funding. If there are other grant type(s), include the status of each. |
| Click to enter text. |
| **Project Management**Provide an assessment of the management capabilities of the Applicant/Lead Agency. At a minimum, include an organization chart (as attachment), showing key project individuals who will be responsible for ensuring that the project is completed and has long-term sustainability.  |
| Click to enter text. |
| **Supplanting or Replacing Funds**ECP funds are designed to supplement, not supplant, existing water quality programs. Proposed projects must improve and not replace existing pollution reduction efforts by an eligible party. Please clarify that the proposed project will not be supplanting any existing water quality programs or other obligations.  |
| Click to enter text. |
| **Joint Applicant Information *(if applicable)***State in what capacity the joint applicant will be contributing to the project (monetary contribution, time contribution, etc.) and explain the process and timing of the agreement between your agency and the joint applicant. See program guidelines for details on joint applicant applications. |
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| Click to enter text. |
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*I hereby certify that the information provided herein this form is accurate and consistent with accompanying documentation. I further certify that the above information has been approved by Council resolution and, if awarded, funds will not be used outside of their intended purpose.*

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| Click here to enter text. |  |  |
| Name (Print) |  | Signature | Date |