|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION INSTRUCTIONS**  Local Agencies applying for Project X ECP funds are required to complete and submit this application. Any projects not in compliance with the CTFP Guidelines will not be eligible for funding. | | | | | | | |
|  | | | | | | | |
| **SECTION I: General Project Information** | | | | | | | |
| **Applicant Information** | | | | | | | |
| Agency: | | Click here to enter text. | | | | | |
| Project Title: | | Click here to enter text. | | | | | |
| Device Type(s) & Quantity: | | Click here to enter text. | | | | | |
| Project Manager: | | 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. | Local Match:  *(Cash Only, 20% minimum)* | | Click here to enter text. | | |
| M2 ECP Funds Request: | | Click here to enter text. | Project is Part of a Larger Construction Effort: | | Choose an item. | | |
| **Project Readiness & Schedule** | | | | | | | |
| City Council Approval: | | | | Enter a date. | | | |
| Design & Permitting *(If Applicable)* | | | | Enter a date. | | | |
| Award of Contract | | | | Enter a date. | | | |
| Construction/Installation *(Start and Completion)* | | | | Start: Enter a date.  Completion: Enter a date. | | | |
| **Application Checklist** | | | | | | | |
|  | | | | | | **YES** | **N/A** |
| **A** | Environmental Documentation *(As Applicable)* | | | | |  |  |
| **B** | Detailed Project Estimate | | | | |  |  |
| **C** | Location Maps & Project Site Photos | | | | |  |  |
| **D** | Detailed Project Schedule | | | | |  |  |
| **E** | Design/Concept Drawings | | | | |  |  |
| **F** | City Council Resolution | | | | |  |  |
| **G** | Project Drainage Area(s), Priority Land Use(s), and BMP Location(s) shapefiles/KMZs | | | | |  |  |
| **H** | Preliminary agreements with joint and/or third-party entities (*As Applicable*) | | | | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Description** – Describe the project location and the Tier 1 type improvements proposed. If the project is included in an existing Integrated Water Management Plan, please provide details on why it was included. Use additional pages as needed. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **SECTION II: Detailed Project Information & Scoring** | | | | | | | |
| 1. Describe the need for the selected BMP(s), including nexus to transportation pollutants, and detail the benefits to water quality the BMP(s) will achieve. ***(up to 15 Points)*** | | | | | | | |
| Click to enter text. | | | | | | | |
| 1. Based on information provided by the applicant, a cost/benefit calculation will be conducted to compare the total project cost to the area of priority land uses treated by the proposed BMP(s).  Please complete the table below: ***(up to 16 points)***: | | | | | | | |
|
|
|  | |  | | | |  | |
|  | | BMP(s) | | | |  | |
| Type 1 | | Type 2, etc. | |
| Type(s) of BMP(s) proposed: | | Click to enter text. | | Click to enter text. | |
| Number of each BMP type: | | Click to enter text. | | Click to enter text. | |
| Total drainage area(s) contributing to each BMP type: | | Click to enter text. | | Click to enter text. | |
| Total | |
| Drainage area(s) that is/are considered Priority Land Uses\*: | | Click to enter text. | | Click to enter text. | | Click to enter text. | |
| Total Project Cost: | |  | |  | | Click to enter text. | |
| Cost/Benefit ($/ac of priority land uses): | |  | |  | | Click to enter text. | |
| Project Score (to be completed by OCTA): | |  | |  | | Click to enter text. | |
| \*Refer to City General Plans for general land use distribution/coverage information. Refer to the Statewide Trash Provisions for a complete definition of Priority Land Uses (e.g. high density residential, industrial, commercial, mixed urban, public transportation stations). | | | | | | | |
| 1. Pollutant Reduction Benefits: Project benefits will be based on treatment capacity and BMP type. Applicant to provide the calculations used to determine the following scores: ***(up to 12 points)***: | | | | | | | |
|
|
| **Line** | **Factor** | | **Points Available** | | **Multiplier** | | **Line Score** |
|
| A | Fractional percent of 1-yr, 1-hr event peak flowrate treated by the BMP(s) | | 0 to 1 | | 3 | | Click to enter text. |
|
|
| B | Fractional percent of 85th percentile, 24-hr design event that is treated by the BMP(s) | | 0 to 1.5 | | 3 | | Click to enter text. |
|
|
| C | BMP Multiplier: | | 0 to 1 | | 6 | | Click to enter text. |
| •0 points if BMP is not low-impact development (LID) or treatment control | |
| •1/3 point for high capacity systems | |
| •2/3 point for filters/biofilters | |
| •1 point for zero-discharge BMPs | |
| **Project Score:** | | | | | | | Click to enter text. |
|
| **Scoring Equation (Max 12 points): (Ax3) + (Bx3) + (Cx6)**  *Calculations may be provided on a separate sheet* | | | | | | | |

|  |
| --- |
| 1. How effectively will the proposed project deal with the more visible forms of pollutants, such as litter and debris? ***(up to 10 points)*** |
|
|
| Click to enter text. |
| 1. What other BMP types were considered for this project? Why was the proposed BMP chosen? ***(5 points)*** |
|
|
| Click to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Provide information on proposed BMP performance efficiency and/or effectiveness, including pollutant capture, storage capacity, flow capacity, etc. ***(up to 6 points)*** | | | |
|
|
| Click to enter text. | | | |
| 1. Project Readiness: How long after OCTA Board of Directors approval (September 2023) will the project be operational (select one)? ***(up to 6 points)***: | | | |
|
|
| **<4 Months**  ***6 Points*** | **4 – 8 Months**  ***4 Points*** | **8 – 12 Months**  ***2 Points*** | **> 12 Months**  ***1 Point*** |
|

|  |
| --- |
| 1. Will the project provide any secondary benefits beyond water quality improvements (i.e., water-use efficiency, public awareness, flood control, recreation, habitat, sustainability)? ***(up to 5 points)*** |
|
|
| Click to enter text. |
| 1. What is the methodology for measuring pollutant reduction before and after the BMP is implemented? How frequently will monitoring and performance assessment occur? ***(up to 10 points)*** |
|
|
| Click to enter text. |

|  |
| --- |
| 1. Provide an operations and maintenance plan for the lifespan of the proposed project. Include schedule of inspections, cleaning, removal and disposal of pollutants, repairs, etc. ***(up to 15 points)*** |
|
|
| Click to enter text. |
| 1. BONUS: Is the proposed local match over the 20% minimum cash match requirement? If yes, enter match rate here. ***(0.5 points for each 5% overmatch, up to 5 points)*** |
|
|
| Click to enter text.  *Note: In-kind services are not eligible as local match* |

|  |  |
| --- | --- |
| **SECTION III: Additional Project Details** | |
| **Match Sources**  Other Grants: Non-M2 competitive grants may be used as match. Any grants used as match must be dedicated to the project for match credit to be received. Please list the name and amount of the grants being proposed as match. | |
| 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)***  See program guidelines for details on joint applicant applications and enter the details below. | |
|
|
| Local Agency: Click to enter text. | Local Agency: Click to enter text. |
| Project Manager: Click to enter text. | Project Manager: Click to enter text. |
| Phone: Click to enter text. | Phone: Click to enter text. |
| Email: Click to enter text. | Email: Click to enter text. |
| **Additional Comments** | |
| Click here to enter text. | |
|

*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 that awarded funds will not be used outside of their intended purpose.*

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