



**Hillsborough
County Florida**

**Hillsborough County
Lake Improvement Grant Fund Application**

*A matching grant program to promote environmentally sustainable management strategies for lakes,
and to achieve improvements in water quality and ecosystem integrity within unincorporated
Hillsborough County*

FOR COUNTY USE ONLY:		AMOUNT REQUESTED \$ _____	
DATE RECEIVED: _____		APPLICATION COMPLETE: _____	
		DATE: _____	INITIAL: _____
FORWARD INFORMATION TO GRANT REVIEW COMMITTEE:			
OUTCOME: _____			
DATE: _____	INITIAL: _____	DATE: _____	INITIAL: _____

PART A - INTRODUCTION

1. APPLICANT(S) (Must be property owner(s) on the lake):

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

DAYTIME PHONE: _____ FAX: _____ CELL: _____ EMAIL: _____

FOLIO NUMBER(S): _____

FOLIO NUMBER OF LAKE (If applicable): _____

PROJECT NAME: _____

2. PROJECT LOCATION:

3. ADDITIONAL PROPERTY OWNER(S), ADDRESSES & FOLIO NUMBERS:

(Attach additional page(s) if necessary)

4. GRANT AMOUNT REQUESTED: _____



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5. BRIEFLY DESCRIBE THE PROJECT FOR WHICH FUNDING IS REQUESTED. DESCRIBE ANY PREVIOUS WORK DONE.

☐ Additional supporting information is attached on _____



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PART B – DESCRIPTION OF ELEMENTS OF PROJECT (as applicable)

THE APPLICANT SHALL PROVIDE A DESCRIPTION OF ALL ACTIVITIES TO BE CARRIED OUT AS PART OF THE PROJECT. PROVIDE PROJECT BOUNDARY, METHOD OF WORK TO BE DONE AND TYPE OF ANY MECHANICAL EQUIPMENT TO BE USED, PHOTOS OF EXISTING CONDITIONS, METHOD FOR DISPOSAL OF MATERIAL IF APPLICABLE, PERMITTING REQUIRED (APPLICATIONS MADE OR PERMITS OBTAINED), PROJECT SCHEDULE, ANY OTHER ITEMS NEEDED TO DESCRIBE THE SCOPE OF THE PROJECT.

☐ **Additional supporting information is attached on** _____



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PART C- FINANCIAL ELEMENTS
OVERALL PROJECT BUDGET

Project Name: _____

List all major tasks necessary to complete the proposed Project, the matching grant amount requested, the amount and source of matching funds to be provided by the Applicant, any other sources of income and the expenditures necessary to accomplish the Project.

Task #	Description of Work Task Cost Item	Total Task Budget	Amount of Grant Funds Requested	Amount of Applicant Match	Source of Applicant Matching Funds
1.					
2.					
3.					
4.					
5.					
6.					
7.					
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17.					
18.					
19.					
20.					
	TOTALS				



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PART D – REVIEW CRITERIA

DESCRIBE HOW THE PROJECT MEETS AND/OR EXCEEDS EACH OF THE APPLICABLE REVIEW CRITERIA AND SUBCRITERIA AS THEY APPLY. EACH REVIEW CRITERIA SHOULD BE DESCRIBED BELOW. (IF NECESSARY ADDITIONAL PAGES, NOT TO EXCEED TWO (2) PAGES FOR EACH OF THE FOUR (4) MAJOR REVIEW CRITERIA, MAY BE ATTACHED.)

THE APPLICANT IS NOT LIMITED TO THE LISTED SUBCRITERIA AND MAY PROVIDE OTHER BASES OF MEETING THE MAJOR REVIEW CRITERIA.

1. DESCRIBE: HOW THE PROJECT WILL IMPROVE LAKE WATER QUALITY AND OVERALL CONDITION OF THE LAKE.



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2. LEVERAGING: DESCRIBE HOW THE MATCHING FUND REQUIREMENT WILL BE ACHIEVED;
DEMONSTRATE MONETARY LEVERAGE OF PRIVATE FUNDS TO COUNTY MATCHING FUNDS
OF 1:1 OR GREATER.



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3. QUALITY OF PROJECT: HOW DOES PROJECT DEMONSTRATE APPROPRIATE LAKE MANAGEMENT STRATEGIES AND PERMITTING? HOW DOES PROJECT DEMONSTRATE THE ABILITY TO ACHIEVE SUCCESSFUL RESULTS INCLUDING PROPER DISPOSAL OF ANY MATERIAL REMOVED?



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4. PERFORMANCE EVALUATION: PROVIDE APPROPRIATE CRITERIA AND MILESTONES FOR DETERMINING/ MEASURING THE SUCCESS OF THE PROJECT IN ACHIEVING THE PLAN AND SCHEDULE. DEFINE RELEVANT OUTCOME INDICATORS AND TARGETS (SUCH AS ACHIEVEMENT OF DESIRED AREA OF VEGETATION CONTROL, REMOVAL OF POLLUTANT SOURCES, NUMBER OF NATIVE AQUATIC PLANTS INSTALLED, ETC.)



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CERTIFICATION

As Applicant, I hereby acknowledge and certify as follows:

1. All relevant work must be performed by qualified professionals and Florida licensed contractors (as required by law).
2. All required permits will be obtained prior to the start of any work subject to permitting.
3. In accordance with Chapter 119 of the Florida Statutes, the application and the responses thereto are public records and are available for public inspection.
4. All work that is the subject of this application will be completed within twelve (12) months of execution of a funding agreement between the County and grant awardee.
5. Applicant will comply with all applicable Hillsborough County Ethics policies and requirements.
6. Applicant acknowledges that the County staff will review this application for program eligibility, and that any application deemed incomplete or ineligible may be rejected.
7. Applicant certifies that the information on this application is true, correct and complete in all material respects.

SIGNED (Property Owner)

SIGNED (Property Owner)

PRINTED NAME

PRINTED NAME