

RESOLUTION NO. 2010-128

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO SUBMIT AN APPLICATION FOR GRANT FUNDING ADMINISTERED THROUGH THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT, WATER CONSERVATION COST-SHARE PROGRAM.

RECITALS

WHEREAS, St. Johns River Water Management District makes available to local governments the Water Conservation Cost-Share Program grant to assist in the development and implementation of water conservation measures; and

WHEREAS, the deadline for the County to submit an application is July 2, 2010; and

WHEREAS, the County staff has reviewed the grant application and has determined that nothing contained in the Grant application negatively impacts the interests of the County; and

WHEREAS, after a review of the grant application and accompanying materials, the County has determined that none of the requirements, restrictions or obligations associated with award of the grant, or the grant itself, negatively impact the interests of the County; and

WHEREAS, after a review of the completed grant application and accompanying materials, the County has determined that an award from the St. Johns River Water Management District Water Conservation Cost Share Grant serves the overall interests of the County.

NOW, THEREFORE BE IT RESOLVED, by the Board of County Commissioners of St. Johns County, Florida that:

Section 1. The above Recitals are incorporated by reference into the body of this Resolution, and such Recitals are adopted as Findings of Fact.

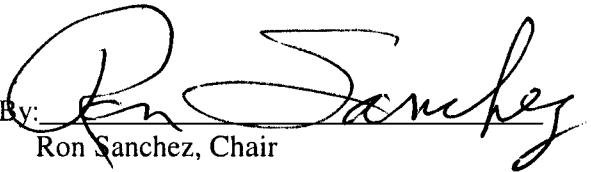
Section 2. The Board of County Commissioners hereby approves and authorizes the County Administrator, or designee, to submit a completed application based on the approved guidelines for grant submittal (attached hereto, and incorporated herein), on behalf of St. Johns County for a grant, in order to assist in the development and implementation of water conservation measures.

Section 3. The Board of County Commissioners hereby authorizes the County Administrator, or designee, to execute any other paperwork necessary or associated with the application for the St. Johns River Water Management District Water Conservation Cost Share Grant.

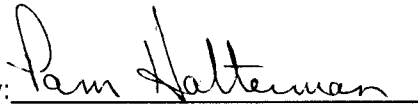
Section 4. To the extent that there are typographical and/or administrative errors that do not change to tone, tenor, or context on this Resolution, then this Resolution may be revised without subsequent approval of the Board of County Commissioners.

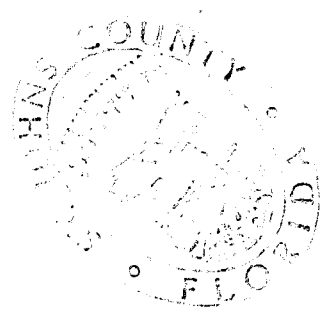
PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 15th day of June, 2010.

**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: 
Ron Sanchez, Chair

ATTEST: Cheryl Strickland, Clerk of Court

By: 
Deputy Clerk
Effective Date: June 15, 2010



RENDITION DATE 6/16/10

St. Johns River Water Management District

Water Conservation Cost-Share

Application

Title of project: _____

A. Applicant type and information

Indicate the type of project you are applying for:

Project types (*check one*)

- Reliability and performance testing of new landscape irrigation technology
- Automated tracking of historical consumption information
- Reliability and performance testing of new high-efficiency indoor fixtures
- Enforcement of landscape irrigation ordinances and related education efforts (NEW)
- "Other" (new and innovative technology and practices)

A-1. a) Name of applicant/title _____

A-1. b) Applicant's organization _____

A-2. Name, address, e-mail address, and phone numbers of project manager or contact person.

(District will send correspondence concerning this application ONLY to this person.)

Name/title _____

E-mail address _____

Mailing address _____

City and ZIP code _____

Phone (____) _____ Fax (____) _____

A-3. Name, address, and phone numbers of persons with authority to enter into a contractual agreement, if other than project manager or contact person.

If same as A-2 above, check box.

Name/title _____

E-mail address _____

Mailing address _____

City and ZIP code _____

Phone (____) _____ Fax (____) _____

A-4. District permit information

Does the applicant have any District permits? Yes No

If yes, list all District permits held by the applicant. Attach an additional page if needed.

Permit # Expiration Date (mm/dd/yy) Permit # Expiration Date (mm/dd/yy)

A-5. Landscape irrigation ordinance

5a. Does the applicant have a landscape irrigation ordinance? Yes No

5b. If yes, does the ordinance fully implement District Rule 40C-2.042(2) Yes No

5c. If no to either 5a. or 5b., by what date is revision or adoption expected? _____

A-6. Disclosure. Does any District employee, Governing Board member, contractor, or other affiliate of the applicant have a financial interest in this project, the property associated with this project, or with any party that may profit financially from this project? Yes No

If, yes, identify all such parties and describe their interests.

B. Project information

B-1. Cost-sharing request (District’s share cannot exceed 50 percent of total project cost.)

a. Total project cost\$ _____

b. Total project cost per residential/commercial parcel/or per month for
enforcement and education program\$ _____

c. Amount of cost-share requested\$ _____

B-2. Purpose. Explain the purpose(s) of the project. (Do not refer to attachments.) Does the project demonstrate the reliability/performance of several types/brand names of equipment, under distinct geographic conditions, or implement landscape irrigation enforcement and education? Use appendixes A through D as a guideline.

B-3 Project schedule with budget. Show a project scope. Also include goals with supporting task and budgets. (Listing dates, project milestones, key task and associated expenses as expected to be incurred over the proposed timeline.) Also, include benefit/cost ratios and other performance metrics/estimates for each project.

B-4. Project location (address or description)

County (ies) in which project is located: _____

B-5. Projected schedule

Projected starting date: month _____ year _____; completion date: month _____ year _____.

(Funds received through this program may be used only for projects installed after a cost-sharing contract has been executed and may not be used to reimburse the cost of existing strategies or strategies already under installation. Cost-sharing contracts probably will be executed by September 30, 2010. In general, for project types 1, 2, 3 and 5 construction/implementation must be completed

within 12 months of contract execution with monitoring of performance metrics extending for several years and for project type 4, 24 months will be allowed for implementation.

I certify that all information on this form and the attached documents is true and correct.
Signature of the person with authority to enter into a contractual agreement.

Name _____ Title _____

Date _____