ATTACHMENT D-1

Cooperative Assistance Program FY2025 Applicant Checklist

Projec	ct Title:					
Applicant:						
	This checklist and the other items listed below in items 1 through 11 constitute your application. The required information shall be submitted in the order listed.					
2:	Electronic copies (2 separate PDF files per instructions – PDF File 1: Items 1-8, PDF File 2: Items 9-11) shall be emailed (15mb maximum file size) to CKelley@aicw.org. Applications must be received by the deadline, no exceptions.					
			<u>YES</u>	<u>NO</u>		
1.	(<i>NOTE</i> : <u>F</u> Commis	ommissioner Review (prior to March 4th) For District Commissioner initials ONLY!) (District sioner must initial the yes line on this checklist for the on to be deemed complete)				
2.		on Checklist Attachment D-1 (Form No. 15-10, 2 pages) ust be signed and dated)	0	•		
3.	• •	on and Evaluation Worksheet Attachment D-2 (Form No. 15-15) ge of Form Must be Signed)	0	•		
4.	-	Cost Estimate Attachment D-3 (Form No. 15-20, 1 page) on District form)	0	•		
5.	Project T	imeline Attachment D-4 (Form No. 15-25, 1 page)	0	•		
6.	County/C	ity Location Map	\bigcirc	•		
7.	Project B	oundary Map	\bigcirc	\odot		
8.	Clear and	d Detailed Site Development Plan Map	\bigcirc	\odot		

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		<u>YES</u>	<u>NO</u>				
9.	Official Resolution Form Attachment D-5 (Form No. 15-30, 2 pages) (Resolution must be on District Form and includes items 1-6)	\bigcirc	•				
10.	Attorney's Certification (Land Ownership) Attachment D-6 (Form No. 15-35, 1 page)	\bigcirc	\odot				
11.	Copies of all Required Permits: ACOE, DEP, WMD (Requirement of Construction & Dredging Projects)	0	•				
The undersigned, as applicant, acknowledges that Items 1 through 11 above constitutes a complete application and that this information is due in the District office no later than 4:30 PM, March 28, 2025. By May 14, 2025, my application must be deemed complete (except for permits) or it will be removed from any further consideration by the District. I also acknowledge that the information in Item 11 is due to the District no later than September 16, 2025. If the information in Item 11 is not submitted to the District office by September 16, 2025, I am aware that my application will be removed from any further funding consideration by the District.							
	Print Liaison Name Title		_				
	Liaison Signature Date	_	_				
	FIND OFFICE USE ONLY						
Date R	deceived:						
Local F	FIND Commissioner Review						
All Required Supporting Documents:							
Applica	ant Eligibility:						
Project	EligibilityAvailable	Score:					
Compli	ance with Rule 66B-2 F.A.C.:						

Eligibility of Project Cost: