

ATTACHMENT E-1

Waterways Assistance Program FY2025

Applicant Checklist

Project 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.

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. District Commissioner Review (prior to March 4th) (NOTE: For District Commissioner initials ONLY!) (District Commissioner must initial the yes line on this checklist for the application to be deemed complete)	_____	_____
2. Application Checklist Attachment E-1 (Form No. 25-10, 2 pages) (Form must be signed and dated)		
3. Application and Evaluation Worksheet Attachment E-2 (Form No. 25-15) (First Page of Form Must be Signed)		
4. Project Cost Estimate Attachment E-3 (Form No. 25-20, 1 page) (Must be on District form)		
5. Project Timeline Attachment E-4 (Form No. 25-25, 1 page)		
6. County/City Location Map		
7. Project Boundary Map		
8. Clear and Detailed Site Development Plan Map		

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YES

NO

9. Official Resolution Form Attachment E-5 (Form No. 25-30, 2 pages)(Resolution must be on District Form and includes items 1-6)
10. Attorney's Certification (Land Ownership) Attachment E-6 (Form No. 25-35, 1 page)
11. Copies of all Required Permits: ACOE, DEP, WMD (Requirement of Construction & Dredging Projects)

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 Received: _____

Local FIND Commissioner Review _____

All Required Supporting Documents: _____

Applicant Eligibility: _____

Project Eligibility _____ Available Score: _____

Compliance with Rule 66B-2 F.A.C.: _____

Eligibility of Project Cost: _____