

Florida Lake Management Society Love Your Lake Grant

FLMS LOVE YOUR LAKE COST-SHARE GUIDELINES

FLMS has created a cost-share program to fund lake, pond and shoreline projects that demonstrate beneficial management techniques that will help protect, preserve and restore Florida's aquatic resources. Each year FLMS solicits grant proposals which describe successful management projects. FLMS will provide matching funds for expenses incurred by the successful applicant. Expenditures by the applicant can be in the form of labor or monetary contributions. Proposals will be reviewed by the selection committee according to the criteria outlined below.

| Criteria | Rating Points |
|--|---------------|
| 1. Monetary or labor match - Community involvement strategy strongly recommended | 0-20 |
| 2. Location - Project must be readily accessible to the public | 0-20 |
| 3. Removal of invasive plants - Establishment of beneficial native plants | 0-20 |
| 4. Educational signage to explain project | 0-20 |
| 5. Water Quality Enhancements <ul style="list-style-type: none">• Florida-friendly landscaping• Irrigation pumping from the lake• Use of environmental swale system• Erosion control methods used | 5 points each |

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LOVE YOUR LAKE GRANT APPLICATION

Date of application: _____ Application submitted to: Flmshome@aol.com

ORGANIZATION INFORMATION

Name of organization or individual

| | | | |
|--|-------------------------|--|---------------|
| <i>Address</i> | <i>City, State, Zip</i> | <i>Employer Identification Number (EIN) (If appropriate)</i> | |
| <i>Phone</i> | <i>Fax</i> | <i>Web site</i> | |
| <i>Name of contact person regarding this application</i> | <i>Title</i> | <i>Phone</i> | <i>E-mail</i> |

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, please state the type of organization (Lake Association, Home Owners Association, etc.)

The application should include the minimum information in the form provided on the next page: (1) the person or entity performing the project and contact information, (2) address or location of proposed project (3) a one to two page description of the proposed project, (4) a maintenance plan, (5) project budget, (6) before photos of area to be enhanced or managed, (7) drawing of proposed enhancements, (8) a plant list if applicable (9) drawing of proposed educational signage. Note: Applicants must agree to include signage that describes project and clearly indicates that the project is funded by the Florida Lake Management Society Love Your Lake Project and applicant must also agree to provide a final report with photographic evidence of finished project and photos of project activities as well as project receipts.

Deadline for submittal of project proposals is December 1 each year unless extended by the Board of Directors. Extensions will be posted on the grants page at www.flms.net. Projects must be completed and final report, photos and invoices are due by September 30 of the following year. Shoreline management projects may require permits from the Department of Environmental Protection and/or a Water Management District, as well as one from your local municipality. The applicant is responsible for obtaining all required permits before starting the project. Please email questions on the application to: flmshome@aol.com. Applicant Packet must be sent in electronic format (attached MS Word or pdf file) to flmshome@aol.com.

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PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served (must include address of other method of identifying project site and site must be assessable to public):

Funds are being requested for the following beneficial management techniques below (check all that apply)

_____ Lake shoreline planting _____ Pond shoreline planting _____ Education
_____ Lake/pond restoration _____ Other (list) _____

Project Dates _____ to _____

Dollar amount requested (Attach complete budget): \$ _____
Total amount matched (in kind or other): \$ _____
Total project budget: \$ _____

AUTHORIZATION

Name/Organization of Applicant Performing the project:

Signature of Applicant

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Please use the following outline as a guide to your proposal narrative. Please keep narrative to no more than 2 pages.

I. PURPOSE OF GRANT REQUEST

II. EXPECTED BENEFIT OF GRANT

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III. EVALUATION

A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.

B. How will you measure these changes?

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ATTACHMENTS

Following attachments are required:

1. Maintenance plan
2. Project budget
3. Before photos of area to be enhanced or managed
4. Drawing of proposed enhancements
5. Plant list (if applicable)
6. Drawing of proposed educational signage

MAINTENANCE PLAN (SHORT DESCRIPTION)

(See example)

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PROJECT BUDGET

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BEFORE PHOTOS

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DRAWING OF PROPOSED ENHANCEMENTS

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DRAWING OF PROPOSED EDUCATIONAL SIGNAGE