

# COUNTY OF SUFFOLK



**EDWARD P. ROMAINÉ**  
SUFFOLK COUNTY EXECUTIVE

**DEPARTMENT OF ECONOMIC DEVELOPMENT AND PLANNING**

**SARAH LANSDALE**  
COMMISSIONER

**ELISA PICCA**  
CHIEF DEPUTY COMMISSIONER

## **SUFFOLK COUNTY WATER QUALITY PROTECTION AND RESTORATION PROGRAM AND LAND STEWARDSHIP INITIATIVES 2025 APPLICATION FORM**

**PROJECT TITLE:** \_\_\_\_\_



Photo: Coastal marsh, Mastic Beach, NY. Credit: Tom Iwanejko, Superintendent - Division of Vector Control, SC DPW.

Please send completed applications and any correspondence to  
[WQPRP@SuffolkCountyNY.gov](mailto:WQPRP@SuffolkCountyNY.gov)

## **APPLICATION CHECKLIST**

**Please include all of the following items when submitting your application.  
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

**Applicants may supply up to 20 pages of attachments which must be referenced in the application.**

- ☐ **Project Work Plan**  
This detailed work plan must be organized by task including deliverables and timeline suitable for insertion into an agreement.
- ☐ **Project Budget**  
This detailed categorized budget must include both County **(50%)** and match **(50%)** breakdowns of the **total project budget** and be suitable for insertion into an agreement.
- ☐ **Curriculum vitae**  
For all project personnel.
- ☐ **Letter from Project Sponsor**  
Applications from non-County municipal organizations or from non-profit organizations must have a letter from a County Department or Office that indicates they will sponsor the project. Any non-County application without a County Sponsor will not be considered.
- ☐ **Supporting documents including any design/engineering work (if applicable), cost estimates, and any other relevant information.**
- ☐ **Applicant signature on Page 21.**
- ☐ **Please indicate the project name when saving the completed application file. Please have any and all attachment files appropriately named.**
- ☐ **Non-County Municipalities:** A draft municipal resolution that meets the requirements outlined in the WQPRP Policy Document (#8), to be adopted by the managing entity (i.e., Town or Village Board) prior to the WQPRP Committee's recommendation for funding.
- ☐ **Non-Profit Organizations:** Documentation from your organization meeting the requirements outlined in the WQPRP Policy Document (#9).

## **APPLICATION**

### **Part 1 – Applicant Information**

1. Applicant Name (*i.e., name of municipality or non-profit organization*)

Phone  Email

Mailing Address

City  Zip Code

Federal Tax ID Number

2. Contact Name and Title

Contact Information (*if different from applicant*)

Phone  Email

Mailing Address

City  Zip Code

3. Suffolk County Department or Office Sponsor  
(see *Information for Applicants*, Section IV)

Contact Name and Title

Phone  Email

Mailing Address

City  Zip Code

**Part 2 – Project Information**

1. Project Title

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2. Project Location/Address

No. & Street 

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City 

--

 Zip Code 

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3. [Suffolk County Tax Map Number\(s\)](#) and Ownership of Project Parcels

Suffolk County Tax Map Number	Ownership

4. Project Type. PLEASE SELECT THE **ONE** MOST APPROPRIATE CATEGORY.

(Please see *Information for Applicants*, Section II).

Priority project types (as indicated in the Call for Applications) will receive 6 Points.

- ☐ Nonpoint Source Pollution Abatement and Control & Pollution Prevention Initiatives  
☐ Habitat Restoration, Reclamation, and Connectivity  
☐ Land Stewardship Initiatives  
☐ Education and Outreach  
☐ No-Discharge Zone Implementation

***Please see [Section 12-2\(B\) of the Suffolk County Charter](#) for more details on the specific eligible project types.***

5. Project Components. PLEASE SELECT THE **ONE** MOST APPROPRIATE DESCRIPTION.

- ☐ This project is solely for Planning/Engineering Design/Study/Education & Outreach (1 Point)  
☐ This project contains a Construction/Site Improvement component (3 Points)

6. Has the Applicant attended the Proposer's Conference for the current Call for Applications?  
(3 Points)

- ☐ YES ☐ NO

7. State which community groups have submitted letters of support, if any, and attach the support letters. (Applicants that include letters of community support will receive 3 Points)

Group Name

### **Part 3 – Total Project Budget**

#### **Part 3.1 – Planning/Engineering/Design Funding Breakdown**

Please provide a detailed breakdown of anticipated project costs by task. For each task, please specify whether the work is to be done in-house or by a contractor. Only direct project costs are eligible for funding (see *Information for Applicants*, Section IV).

The table below is an example template. Applicants are welcome to create and attach their own budget tables.

Task	County Grant	Match and Potential Additional Funding	Estimated Total Project Costs
<b>PLANNING/ENGINEERING/DESIGN</b>			
Task 1 -	\$	\$	\$
Task 2 -	\$	\$	\$
Task 3 -	\$	\$	\$
Task 4 -	\$	\$	\$
Task 5 -	\$	\$	\$
<b><u>ENGINEERING TOTAL</u></b>	\$	\$	\$

#### **Part 3.2 – Construction and Site Improvements Funding Breakdown**

Please provide a detailed breakdown of anticipated project costs by task. For each task, please specify whether the work is to be done in-house or by a contractor. Only direct project costs are eligible for funding (see *Information for Applicants*, Section IV). Construction inspection may be included in construction costs.

The table below is an example template. Applicants are welcome to create and attach their own budget tables.

Task	County Grant	Match and Potential Additional Funding	Estimated Total Project Costs
<b>CONSTRUCTION &amp; SITE IMPROVEMENTS</b>			
Task 1 -	\$	\$	\$
Task 2 -	\$	\$	\$
Task 3 -	\$	\$	\$
Task 4 -	\$	\$	\$
Task 5 -	\$	\$	\$
<b><u>CONSTRUCTION TOTAL</u></b>	\$	\$	\$

### Part 3.3 – Summary of Matching Funds

Total Match must be at least equal to Total WQPRP Funds Requested. Other Suffolk County funding sources cannot be used as match.

Applicant in-kind	\$	
Applicant cash	\$	
State	\$	Description _____
Federal	\$	Description _____
Other	\$	Description _____
Other	\$	Description _____
<b>Total Match</b>	\$	

### Part 3.4 – Total Project Cost

Total Match must be at least 50% of the Total Project Budget.

<b>Total WQPRP Funds Requested (50%)</b>	\$	<i>Minimum: \$50,000 Maximum: \$250,000</i>
<b>Total Required Match (50%)</b>	\$	<b>Additional Match (if applicable)</b> \$
<b>Total Project Budget (100%)</b>	\$	<b>Grand Total (incl. additional match)</b> \$

## **Part 4 - Project Detail**

### **Part 4.1 – Project Summary (10 Points)**

Please include the following information:

- ☐ Problem summary
- ☐ Project proposal
- ☐ General project goals
- ☐ Expected project benefits, such as:
  - Water quality improvements that your project will implement
  - If your project will reduce a pollutant of concern, quantify the pollutant load reductions that would result from the implementation of your project
- ☐ How your project will advance the goals listed in [Suffolk County's Comprehensive Water Resources Management Plan](#)
- ☐ Description of project area, and the relation to ecologically sensitive areas for ground and surface waters

Refer to Sections IV, VI, and VII of the *Information for Applicants* document for more information.

(Your response below will be limited to 2,500 characters.)

**Part 4.2 – Project Workplan (5 Points)**

Please use the following template for each project task to be suitable for insertion into an agreement:

**Project Task (#):**

**Deliverable:**

**Anticipated Completion Date:**

Please include a separate file with any supporting documents including any design/engineering work (if applicable), cost estimates, and any other relevant information.

(Your response below will be limited to 2,000 characters.)

**Part 5 – Project Criteria**

**ONLY COMPLETE ONE PART 5.1 BELOW (A, B, C, OR D) FOR THE APPROPRIATE PROJECT TYPE BASED ON YOUR RESPONSE TO PART 2, QUESTION 4 FROM PAGE 4 OF THIS DOCUMENT.**

Please see the table included under Part 5 of Section IV in the *Information for Applicants* document for appropriate sections to complete based on your project type.

**EACH PROJECT TYPE WILL HAVE 30 POINTS AVAILABLE IN THIS SECTION.**

Please see sections VI & VII of the *Information for Applicants* document for help in selecting which criteria apply to your project.

**Part 5.1A – Nonpoint Source Pollution Abatement and Control  
& Pollution Prevention Initiatives**

Applicants **must refer** to the parameters followed by the [NYS Priorities Waterbodies List \(PWL\)](#) and the [FINAL NYS 2020/2022 Section 303\(d\) List of Impaired/TMDL Waters](#) in selecting which criteria apply to your project.

1. What is the proposed project size? PLEASE CHOOSE ONE

- a) > 15 acres ☐
- b) 10 to 15 acres ☐
- c) 5 to 10 acres ☐
- 4) 0 to 5 acres ☐

2. Does your project incorporate [Nature-Based Solutions](#) as defined by the U.S. D.O.I.?

PLEASE CHOOSE ONE

- a) Yes ☐
- b) No ☐

3. Is your project within the watershed of a waterbody listed on the NYS Section 303(d) List?

PLEASE CHOOSE ONE

- a) Yes ☐
- b) No ☐

4. What are the Targeted Pollutants of your project on the NYS Section 303(d) List?

PLEASE CHOOSE ALL THAT APPLY, UP TO THREE

- a) Nitrogen ☐
- b) Fecal Coliforms ☐
- c) Dissolved Oxygen ☐
- d) Other (Total Phosphorus, Thermal Changes, pH, Ammonia, Iron, Chlordane, Cadmium) ☐

5. What is the Waterbody Classification of your project on the NYS Section 303(d) List?

PLEASE CHOOSE ONE

- a) A, SA ☐  
*Specially protected high quality drinking water and shellfish waters*
- b) B, C(TS) ☐  
*Contact recreation, trout and trout propagation*
- c) C, SC ☐  
*Other fishing*

6. What is the Vision Priority of your project on the NYS Section 303(d) List?

PLEASE CHOOSE ONE

- a) High ☐  
b) Medium ☐

7. What is the problem resolution potential?

PLEASE CHOOSE ONE

*Reflects the degree to which measurable results can be reasonably achieved with the funds requested.*

- a) High ☐  
b) Medium ☐  
c) Low ☐

8. What is the ownership of the project parcels?

PLEASE CHOOSE ONE

- a) Public ☐  
b) Private/acquired (e.g., The Nature Conservancy, Peconic Land Trust) ☐  
c) Private/easement ☐  
d) Private/no protection ☐

9. What is the current stage of planning?

PLEASE CHOOSE ONE

- a) Planning completed ☐  
b) Planning underway ☐  
*No surveys or written plans have been completed*

10. What level of post project maintenance would be required?

PLEASE CHOOSE ONE

- a) Some maintenance required (less than once per 2 years) ☐  
b) Regular maintenance required (greater than once per 2 years) ☐  
c) Frequent maintenance required (greater than once per year) ☐

## Part 5.1B – Habitat Restoration Projects and Land Stewardship Initiatives

1. What is the proposed project size? PLEASE CHOOSE ONE

- a) > 50 acres ☐
- b) 10 to 50 acres ☐
- c) 3 to 10 acres ☐
- d) 0 to 3 acres ☐

2. What is the habitat contiguity/adjacent land use? PLEASE CHOOSE ONE

- a) Complete contiguity with protected area ☐
- b) Partial contiguity with protected area ☐
- c) Complete contiguity with undeveloped area ☐
- d) Partial contiguity with undeveloped area ☐
- e) No contiguous habitat ☐

3. What is the current level of degradation? PLEASE CHOOSE ONE

- a) Severe ☐  
*There is currently very little or no ecological function at the proposed restoration site (e.g., 3 feet or more of dredge spoil on a former salt marsh)*
- b) Medium ☐  
*There is currently limited ecological function at the proposed restoration site (e.g., formerly connected salt marsh)*
- c) Low ☐  
*Ecological functions currently exist at the proposed restoration site, but the habitat could benefit from enhancement*

4. What are the target restoration functions and resources/ecosystem services to be protected?  
PLEASE CHOOSE ALL THAT APPLY

- a) Species diversity ☐  
*Project will increase species diversity*
- b) Food chain support ☐  
*Project will contribute or enable transfer of energy into a food chain*
- c) Fish/wildlife corridor ☐  
*Project will facilitate the movement of fish/wildlife through the site*
- d) Surface and groundwater protection ☐  
*Project will aid in surface water quality improvement or groundwater recharge or contaminant abatement*
- e) Nutrient retention ☐  
*Project will contribute to a reduction in or assimilation of nutrients*
- f) Coastal Resilience ☐  
*Project will enhance [coastal resiliency](#)*
- g) Scenic Resources ☐  
*Project will help to maintain existing natural scenic resources*
- h) Wildlife Habitat Resources ☐  
*Project will enhance wildlife habitats*

5. What is the problem resolution potential? PLEASE CHOOSE ONE

*Reflects the degree to which measurable results can be reasonably achieved with the funds requested.*

- a) High ☐
- b) Medium ☐
- c) Low ☐

6. What is the ownership of the project parcels? PLEASE CHOOSE ONE

- a) Public ☐
- b) Private/acquired (e.g., The Nature Conservancy, Peconic Land Trust) ☐
- c) Private/easement ☐
- d) Private/no protection ☐

7. What is the current stage of planning? PLEASE CHOOSE ONE

- a) Planning completed ☐
- b) Planning underway ☐
- No surveys or written plans have been completed*

8. What level of post project maintenance would be required? PLEASE CHOOSE ONE

- a) Some maintenance required (less than once per 2 years) ☐
- b) Regular maintenance required (greater than once per 2 years) ☐
- c) Frequent maintenance required (greater than once per year) ☐

### Part 5.1C – Education and Outreach Projects

Please provide concise answers to each of the six (6) questions listed below.  
(Responses will be limited to 1,000 characters)

**1. Project shows clear relationship to an environmental management issue.**

Does the project seek to address a known environmental management issue? How does the project intend to approach the issue?

**2. Project has clear objectives with tangible environmental benefits.**

What are the improved water quality, habitat, and/or land stewardship objectives? How is the project expected to reach these objectives?

**3. Project enhances public involvement in water quality protection, habitat restoration efforts, and/or land stewardship initiatives.**

Who is the project designed to reach (i.e. percent of population, target audience, etc.)? How will the project promote public involvement in the issue the project is to address?

**4. Project contains a mechanism for oversight that assures that the information presented is technically correct, objective, and balanced.**

How will the educational materials be developed (i.e. technical sources, experts on the issue, etc.)? How will the information contained in the materials be reviewed and evaluated for accuracy and completeness?

**5. Project is planned appropriately and is sustainable.**

What is the timeframe/schedule for the project? Will the project be recurring or ongoing? If the project is a one-time event, how will the project be transferable for other agencies/organizations to implement a similar project?

**6. Project is providing new services.**

What is the new service(s) that your project is providing? Is your project expanding on an existing program, or creating a new one?

**Part 5.1D – Projects to Implement No-Discharge Zones (NDZs)**

*For the purposes of this program, a “Pump-Out System” is defined as a pump-out boat or a stationary land-based system.*

Submit documentation so that all minimum guidelines are met.

Minimum Guidelines:

1. The specific area(s) of use must be indicated: bays, harbors, and permanent pump-out boat dock locations, etc. (GIS map, nautical chart, or Hagstrom map acceptable)
2. The need for the requested pump-out system must be clearly conveyed. Water quality benefits must be discussed (e.g., need for pollution reduction, water quality preservation). A site-specific analysis must be done, including number of pump outs available, boats served by existing pump outs; boats to be served by proposed pump outs, etc.
3. An estimate of the operation and maintenance costs, and the ability and commitment to support those costs
  - a) Prior commitments to similar programs should be included
  - b) Plans and commitment for education, outreach, signage, pamphlets, etc.
  - c) The mechanism(s) for final disposal of the wastes collected should be discussed
4. A commitment to provide an annual report, for a minimum of five years. Annual reports should discuss:
  - a) number of boats serviced
  - b) gallons pumped
  - c) operational difficulties
  - d) methods of final disposal
  - e) strategies for future
5. Provide technical specifications of the pump out system(s) requested, to the extent that they are available, along with a summary of why a specific vessel, or manufacturer, was selected.

## **Part 5.2 - Programmatic Significance**

The development of project proposals should capitalize on existing information and the recommendations found in the **Long Island Sound Study (LISS) [2015 Comprehensive Conservation and Management Plan \(CCMP\)](#), **Peconic Estuary Program (PEP) [2020 Comprehensive Conservation Management Plan \(CCMP\)](#), **South Shore Estuary Reserve (SSER) [2022 Comprehensive Management Plan \(CMP\)](#)** or a specific local watershed management plan.****

If your project falls under a separate local watershed management plan, please identify the management plan and provide a link or other means to access the document.

### **1. Estuary/Watershed Management Plan Relevance (8 Points)**

- a. Does the project implement a specific estuary or watershed management plan recommendation? Yes ☐ No ☐
- b. If you chose "yes", please identify the recommendation(s) as quoted in the appropriate management plan (provide page number) in the space below.

(Responses will be limited to 1,000 characters.)

### **2. Severity of the water quality problem or issue addressed by the project (8 Points)**

- a) Is the project located within the watershed of a [New York State Section 303\(d\) Impaired/TMDL Waterbody](#)? Yes ☐ No ☐
- b) Does the project aim to reduce the cause/pollutant listed on the NYS Section 303(d) List? Yes ☐ No ☐
- i) If yes, please identify which pollutant (choose all that apply, up to three):
- |                      |                          |
|----------------------|--------------------------|
| (1) Nitrogen         | <input type="checkbox"/> |
| (2) Fecal Coliform   | <input type="checkbox"/> |
| (3) Dissolved Oxygen | <input type="checkbox"/> |
| (4) Other            | <input type="checkbox"/> |
- (Total Phosphorus, Thermal Changes, pH, Ammonia, Iron, Chlordane, Cadmium)

**3. Project Need and Justification (8 Points)**

Explain the type and magnitude of the unmet need for the proposed project and why this proposal is the best solution to meet the project needs.

The project need is the gap between the nature and extent of a problem vs. the resources already available to address the problem. What resources, if any, are already available in Suffolk County to address this problem or issue? How do you define and measure the gap between the problem and current available resources? Have you reached out to all available resources to verify that the problem isn't already being addressed?

(Responses will be limited to 2,000 characters.)

**4. Capacity (8 Points)**

Describe the applicant's capacity to implement the project. How is the applicant the best qualified to successfully achieve the goals of the project? Include applicant experience and training relevant to the project.

(Responses will be limited to 1,000 characters.)

**5. Quality Assessment and Sustainability (8 Points)**

How will the outcome and quality of the project be measured? How will the project be monitored after implementation for effectiveness? Explain the tangible and sustainable environmental benefits of the project.

(Responses will be limited to 1,000 characters.)

**Part 6 - Project Readiness**

[6 NYCRR Part 617, State Environmental Quality Review Act \(SEQR\)](#)

1. Has the [SEQR process](#) been initiated?      Yes ☐      No ☐      Not applicable ☐
2. What is the [SEQR classification](#) for this project?    Type I ☐    Type II ☐    Unlisted ☐
  - a) **For Type II actions:**  
Please [list the action\(s\)](#): \_\_\_\_\_
  - b) **For Type I and Unlisted actions:**  
Specify lead agency: \_\_\_\_\_  
After completing a coordinated review, Suffolk County requests that the local municipality designate themselves as lead agency.
3. Has the lead agency made a determination of significance?    Yes ☐    No ☐    Not applicable ☐

If yes, specify determination:

Specify date of determination: \_\_\_\_\_

4. Will the project require permits? Yes ☐ No ☐

If yes, specify permit type and permitting agency:

Agency	Type	Approved? (y/n)

5. Will the project result in land disturbance of one acre or greater? Yes ☐ No ☐

6. Planning / Design Stage

a) Have construction plans, specifications, and estimates been prepared? Yes ☐ No ☐ N/A ☐

if yes, what stage (by %) are documents in:

(PLEASE CHOOSE ONE)

- 0-30% conceptual ☐  
 30-60% preliminary ☐  
 60-90% preliminary/final ☐  
 100% final/ready to go to bid ☐

b) Has a detailed topographic survey been prepared? Yes ☐ No ☐ N/A ☐

c) Have all viable alternatives been considered?

Please discuss briefly how current alternative(s) were selected.

**Part 7 – Project Personnel**

Identify the name, title, and qualifications of the individuals who will participate in project implementation. Attach 1-2 page curriculum vitae of participating staff. Be sure to identify a Project Manager who will provide project supervision.

**If there are any County personnel being utilized for or funded through this project, please identify their title, division or office, and department, the intended duration of participation in the project, and the expenditure of funds related to the project regarding said personnel. Projects cannot establish a permanent full-time position within a County Department without demonstrating how that position will be funded after the project's completion.**

**Part 8 – Enforcement Status**

Is the municipality under enforcement to construct the project?    Yes ☐    No ☐  
If yes, include a copy of the enforcement instrument.

**Part 9 – Certification**

**I hereby certify under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.**

**I have read and do hereby recognize the policies of the WQPRP.**

Official Designee (print name)

Title

Signature

X

Date