



SEQUESTERING CARBON AND PROTECTING FLORIDA LAND PROGRAM

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
FLORIDA FOREST SERVICE

Nicole "Nikki" Fried
COMMISSIONER

**2021-2022
GENERAL INSTRUCTIONS**

The Florida Department of Agriculture and Consumer Services (FDACS), Florida Forest Service (FFS) hereby provides notice of the 2021 – 2022 Sequestering Carbon and Protecting Florida Land (Tree Planting Program) funding opportunity. Eligible applicants must submit an application response as specified herein.

***NOTICE – Funding available for distribution - up to \$2,000,000.00; dependent upon appropriations through the annual legislative process. Project deliverables must be completed by June 30, 2022. Failure to complete all deliverables by the deadline may result in loss of funding. If funding is not exhausted during this first application period, additional requests for application will be posted.**

PART I – General Instructions

Applicants are responsible for all information requested in this advertisement. Do not submit Attachments B, C, and D as they are reference documents. All attachments must be 8 1/2" X 11" with original signatures on the RFA packet, including this General Instructions page, completed ATTACHMENT A, project map and certification of submission of a Florida Substitute W-9 form. Applications must be received no later than **5:00 PM E.T. on October 8th, 2021 at:**

Florida Department of Agriculture and Consumer Services
Florida Forest Service
FY 21-22 CARBON SEQUESTRATION APPLICATION
Attn: Forest Management Bureau Chief
Conner Building - Mail Stop C-25
3125 Conner Blvd.
Tallahassee, FL 32399-1650
Telephone (850) 681-5880

Or e-mail:
FFS_CFA@FDACS.gov

Applicants must follow this RFA outline and complete all items in their entirety. Failure to follow this outline or to include all requested information or supporting documentation will result in your proposal considered incomplete and ineligible for funding consideration.

REQUIRED APPLICANT INFORMATION (Please Print or Type)

Applicant Name: _____

Name and Title of Contact Person: _____

Address: _____

Zip: _____ Phone: (_____) _____ Email: _____

SSN or FEID Number: _____

(note: Do not include SSN on any electronic submissions. Please provide only on mailed original documents.)

Is organization a not-for-profit corporation pursuant to Chapter 617, Florida Statutes? Yes ___ No ___

As the duly authorized representative of the applicant named above, I hereby certify that all parts of the applicant and funding information have been read and understood and that all information submitted herein is true and correct.

Applicant or Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

PART I – General Instructions (Cont.)

THE RECEIPT OF APPLICATIONS IN RESPONSE TO THIS NOTICE OF FUNDING AVAILABILITY DOES NOT IMPLY OR GUARANTEE THAT ANY ONE OR ALL QUALIFIED APPLICANTS WILL BE AWARDED OR RESULT IN AN AGREEMENT WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

NOTICE AND DISCLAIMER

THIS GRANT PROGRAM IS GOVERNED BY SECTION 589.277, FLORIDA STATUTES, AND AUTHORIZED BY SECTION 5, LINE 1402 OF THE GENERAL APPROPRIATIONS ACT (2021). GRANT AWARDS HEREUNDER ARE NOT PURCHASES OF SERVICES OR COMMODITIES GOVERNED BY CHAPTER 287, FLORIDA STATUTES. GRANT AWARDS, IF ANY, WILL BE DETERMINED BY THE DEPARTMENT AS DESCRIBED IN THIS NOTICE. GRANT AWARDS WILL BE DETERMINED BY THE DEPARTMENT IN ACCORDANCE WITH RULES 5I-5.003 AND 5I-5.007, F.A.C. THE DEPARTMENT RESERVES THE RIGHT TO OFFER GRANT AWARDS FOR LESS THAN THE AMOUNT REQUESTED BY APPLICANTS AS IT DEEMS IS IN THE BEST INTEREST OF THE STATE OF FLORIDA AND THE DEPARTMENT. THE RECEIPT OF APPLICATIONS IN RESPONSE TO THIS NOTICE DOES NOT IMPLY OR GUARANTEE THAT ANY ONE OR ALL APPLICATIONS WILL BE AWARDED A GRANT.

THIS REQUEST FOR APPLICATIONS, NOTICE OF FUNDING AVAILABILITY IS NOT SUBJECT TO SECTION 120.57(3) FLORIDA STATUTES.

Each applicant must complete/provide the following to be considered:

HOW TO SUBMIT AN APPLICATION

Applications must be submitted in a sealed envelope to the name and address provided on page 1 (General Instructions) by the time and date listed.

Each application must contain original signature and social security or FEID number. Do not submit social security number on electronic submissions.

- a. All attachments must be folded to a size not to exceed 8 ½" x 11".
- b. The number of applications for the Carbon Sequestration Program is limited to one (1) per entity. Failure to comply with this requirement may result in non-award of any application.

Required Elements:

1. General Instructions (page 1) - Complete, date and obtain the signature from the individual who is legally authorized to approve submittal of the application and execute an agreement. Failure to return a signed form will result in an incomplete and therefore, ineligible application.
2. Project Budget Worksheet (ATTACHMENT A) - The proposal must be clearly identified, and all anticipated practices selected. It must not be altered in format or content. Please insert information in the format provided and have signed by both the applicant and Florida Forest Service Forester. If awarded, the project budget requires strict adherence. Deviation from the approved project budget requires prior written approval.
3. Practice Map – A map meeting all requirements outlined in ATTACHMENT C must be submitted as part of a complete application.
4. Substitute W-9 Submission Verification – Submit verification of registration and submission of a Florida Substitute W-9; sample verification e-mail included as ATTACHMENT E. Instructions for filing this information are included Part III, Section E. ELIGIBILITY REQUIREMENTS, 1. Applicants, (d).

PART II – Applicant Checklist

- _____ 1. The entire Request for Application (RFA) has been read.
- _____ 2. **REQUIRED APPLICATION INFORMATION (PART I – General Instructions) - A complete physical address for the applicant in the space provided (street address, city, zip and telephone number). Please note: All future correspondence will be sent to the contact person listed on your application. This document must be signed and dated by the applicant, an authorized representative or chief executive officer of the organization. FAILURE TO RETURN A SIGNED FORM WILL RESULT IN AN INCOMPLETE AND THEREFORE, INELIGIBLE APPLICATION.**
- _____ 3. The Instructions to Applicants and General Agreement Instructions have been thoroughly reviewed (PART III).
- _____ 4. **Project Budget (ATTACHMENT A) – List all anticipated practices. Applicants must use this format, unaltered in format or content. The form must be completed in its entirety and signed by both the applicant or representative and Florida Forest Service Forester in the Initial Project Approval section.**
- _____ 5. Applicants should begin the review process of the attached draft agreement (ATTACHMENT B, STATE FINANCIAL ASSISTANCE RECIPIENT AGREEMENT) through their agent or entity to expedite the contractual requirements. The final agreement for successful projects will be mailed following final approval by the Department.
- _____ 6. Map Preparation Guidelines (ATTACHMENT C) for practice mapping have been reviewed. These are required mapping standards.
- _____ 7. **Stand Map - indicating all practices to be completed developed in accordance with the Map Preparation Guidelines.**
- _____ 8. **Verification that Florida Substitute W-9 has been submitted electronically. Instructions for filing this information are included in Part III, Section E. ELIGIBILITY REQUIREMENTS, 1. Applicants, (d). Sample verification e-mail included as ATTACHMENT E. Original application (Part I) with SSN or FEID number included. E-mail submitted copies should not contain an SSN or FEID number for security purposes.**

*Items 2, 4, 7 and 8 must be submitted as part of a complete application package.