



TOWN OF SOUTHAMPTON

Department of Community Preservation
24 W Montauk Hwy, Hampton Bays, NY 11946
Ph: 631-287-5720 Fx: 631-728-1920

WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

COMMUNITY PRESERVATION FUND (CPF) WATER QUALITY IMPROVEMENT PROGRAM CHECKLIST/APPLICATION INSTRUCTIONS

The CPF Water Quality Improvement Project Plan (WQIPP) Fund follows the objectives in the adopted [Water Quality Improvement Project Plan](#) (see <http://www.southamptontownny.gov/WQIPP>)

To apply for funding, an application must be COMPLETED and submitted along with detailed narratives and supporting information as described below. The Water Quality Advisory Committee will rank and score projects based on the [Scoring Criteria contained in the application materials](#). Parcel acquisitions will be considered on an ongoing basis, independent of this application process.

Note: Electronic application submission required and 4 - full printed sets of application, site plan and narrative.

Upload application at www.southamptontownny.gov/WQIPPSUBMISSION

A Public Hearing and Town Board Resolution will be required for individual or multiple projects.

WATER QUALITY IMPROVEMENT PROJECT MEANS:

[1] DEFINITIONS:

1. **Wastewater Treatment Improvement Project** means the planning, design, construction, acquisition, enlargement, extension, or alteration of a wastewater treatment facility, including alternative systems to a sewage treatment plant or traditional septic system, to treat, neutralize, stabilize, eliminate or partially eliminate sewage or reduce pollutants in treatment facility effluent, including permanent or pilot demonstration wastewater treatment projects, or equipment or furnishings thereof. Stormwater collecting systems and vessel pumpout stations shall also be included within the definition of a wastewater improvement project.
2. **Nonpoint Source Abatement and Control Program Projects** developed pursuant to section eleven-b of the soil and water conservation districts law, title 14 of article 17 of the environmental conservation law, section 1455b of the federal coastal zone management act, or article forty-two of the executive law;
3. **Aquatic Habitat Restoration Project** means the planning, design, construction, management, maintenance, reconstruction, revitalization, or rejuvenation activities intended to improve waters of the state of ecological significance or any part thereof, including, but not limited to ponds, bogs, wetlands, bays, sounds, streams, rivers, or lakes and shorelines thereof, to support a spawning, nursery, wintering, migratory, nesting, breeding, feeding, or foraging environment for fish and wildlife and other biota.
4. **Pollution Prevention Project** means the planning, design, construction, improvement, maintenance or acquisition of facilities, production processes, equipment or buildings owned or operated by municipalities for the reduction, avoidance, or elimination of the use of toxic or hazardous substances or the generation of such substances or pollutants so as to reduce risks to public health or the environment, including changes in production processes or raw materials; such projects shall not include incineration, transfer from one medium of release or discharge to another medium, off-site or out-of-production recycling, end-of-pipe treatment or pollution control.
5. **The Operation of the Peconic Bay National Estuary Program**, as designated by the United States Environmental Protection Agency. Such projects shall have as their purpose the improvement of existing water quality to meet existing specific water quality standards. Projects which have as a purpose to permit or accommodate new growth shall not be included within this definition



TOWN OF SOUTHAMPTON

Department of Community Preservation
 24 W Montauk Hwy, Hampton Bays, NY 11946
 Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

COMMUNITY PRESERVATION FUND (CPF)
 WATER QUALITY IMPROVEMENT PROGRAM
 PROPOSAL SUMMARY

Project Applicant: _____

Project Title: _____

Project Manager Name: _____

Entity Anticipating Grant and Funding: _____

Name	
Title	
Organization	
Address	
Phone	
Email	

Property owner (if different from Project manager organization):

Name	
Affiliation	
Organization	
Address	
Phone	
Email	

Project Address: _____ SCTM #(S) _____

Type of Project (Check all that apply):

- Reduction
 Remediation
 Restoration

Project Summary: (Provide a brief narrative description of proposed WQIPP project)



TOWN OF SOUTHAMPTON

Department of Community Preservation
24 W Montauk Hwy, Hampton Bays, NY 11946
Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

If additional information is needed to describe the project; a project narrative can accompany the application. Please limit the narrative to approximately 3 pages of project description, provide a summary of water quality benefits/objectives of approximately 2 pages and provide a cost estimate of approximately 2 to 4 pages with supporting estimates. Any additional materials should be focused specifically on the proposed project with references to other studies that are pertinent

1. PROJECT TYPE (check all that apply)

Must meet at least one of the definitions of "Water Quality Improvement Project" per State Law Chapter 551 cited above. Check all that apply. **Note: Monitoring costs are only potentially eligible for CPF funding within Aquatic habitat restoration projects.**

- Wastewater Treatment Improvement Project
- Non-point source abatement and control
- Aquatic habitat restoration
- Pollution prevention
- Operation of Peconic Bay National Estuary Program (Grant Match)

2. PRIORITY AREA(S) (check all that apply)

Priority areas are defined in the [Water Quality Improvement Project Plan \(WQIPP\)](#).

- 303(d) Impaired
- Peconic Estuary Program - [PEP map](#)
- High
- Medium
- Outside High and Medium priority areas*

*If Outside High and Medium priority areas, explain how the project is relevant to WQIPP goals.

3. PROJECT DESCRIPTION

3a. Existing conditions of applicable groundwater/sub-watershed/waterbody and most recent and relevant data available (provide sources).

3b. How the proposed solution addresses the issue in the context of Reduction, Remediation and/or Restoration as per the CPF Water Quality Project Plan. Note all remediation and restoration projects must assure that reduction measures are also addressed.



TOWN OF SOUTHAMPTON

Department of Community Preservation
24 W Montauk Hwy, Hampton Bays, NY 11946
Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

3c. Describe the proposed technology and its demonstrated efficacy in similar settings. May include published data.

[Blank response area for 3c]

3d. How the project supports Town of Southampton, Suffolk County, NYSDEC, Long Island Nitrogen Action Plan (LINAP) or other adopted goals/policies (provide references with page numbers).

[Blank response area for 3d]

3e. Review the following statements and indicate whether they are applicable to your project. For all "Yes" responses, please indicate how your project addresses the requirements indicated.

YES	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	If stormwater system or drainage is proposed: The project must indicate compliance with the New York State Stormwater Design Manual (2015 and as updated).
<input type="checkbox"/>	<input type="checkbox"/>	If project is related to farmland: Describe any Agricultural Stewardship Plan or other long term strategy for Nitrogen abatement.
<input type="checkbox"/>	<input type="checkbox"/>	If the project is for habitat restoration: The narrative must address how underlying causes are being ameliorated and expected outcomes for local species populations or other ecological considerations are given.
<input type="checkbox"/>	<input type="checkbox"/>	If project is a Sewage Treatment Plant (STP) or cluster treatment system: Fund allocation request is based on cost for reduction of pre-existing conditions and not for purpose of accommodating new density (describe pre-existing density and associated flow (gallons per day) and total projected nitrogen reduction in narrative). Include detailed information on how many homes the system would treat as well as potential for formation of Sewer District, if required by Suffolk County Health Department or Town Law.
<input type="checkbox"/>	<input type="checkbox"/>	If the project is requesting grant match: Include information related to funding program source and purpose of application and any relevant items on this checklist. Note: A Town Board resolution will be required in order to encumber matching funds for grant applications.

4. WATER QUALITY BENEFIT

4a. Identify Nitrogen, Pathogen or Pollutant of Concern (POC) including Existing Condition and Target Reduction.

[Blank response area for 4a]

4b. Describe plans for collecting and reporting on water quality over time.

[Blank response area for 4b]



TOWN OF SOUTHAMPTON

Department of Community Preservation
24 W Montauk Hwy, Hampton Bays, NY 11946
Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

4c. Indicate useful life of proposed technology (must meet or exceed five years).

5. COST FACTORS

5a. Explain how you have confirmed that the proposed budget is reasonable, appropriate and necessary. If available, provide third party estimates or other documentation of how costs were determined.

5b. Describe any matching funds to be provided.

5c. Explain: i. Why project cannot proceed and intended benefits cannot be achieved without external funding.
ii. if funds are awarded at a lower level than requested, or if there are cost overruns, explain how the project will proceed.

6. MANAGEMENT, EXPERIENCE, ABILITY

6a. Describe applicant's experience in completing similar projects.

6b. Describe community support or opposition to project. If there is opposition, explain how this is to be addressed.

6c. Describe any permits needed and time frame/status of approvals. If permits are approved, indicate same.



TOWN OF SOUTHAMPTON

Department of Community Preservation
 24 W Montauk Hwy, Hampton Bays, NY 11946
 Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

7. MAINTENANCE, MONITORING, EVALUATION

Estimate ongoing maintenance costs and explain how these will be supported. Explain stewardship and monitoring activities planned for ensuring sustainability of the project.

8. DURATION OF PROJECT

8a. Provide a projected project timeline. Note: The Committee will only make recommendations for shovel-ready projects that can commence this fiscal year.

8b. If project is multi-year or phased, provide a breakdown of budget and milestones for each year and phase.

9. ATTESTATION

Allocation of CPF funds will not be for the purpose of accommodating new growth, as this is prohibited by State law. Check all boxes & sign.

- We certify that funds will not be directed for projects for the purpose of accommodating new growth.
- We understand that progress reports will need to be generated as specified in our Water Quality Improvement Contract AND a final report showing qualitative and/or quantitative data will be generated upon project completion. .
- I authorize the subject property to be inspected by Town Personnel.

Signature: _____ Date _____

10. REQUIRED ATTACHMENTS Confirm that the following required documents are attached to this application:

11. REQUIRED ATTACHMENTS Confirm that the following required documents are attached to this application:

- Photos of existing conditions
- Location Map
- State Environmental Quality Review Act (SEQRA) Long or Short Environmental Assessment Form (EAF) <https://www.dec.ny.gov/permits/6191.html>
- Completed EPA Spreadsheet Tool for Evaluating Pollutant Load (STEPL) <https://www.epa.gov/nps/spreadsheet-tool-estimating-pollutant-loads-step1> or similar standardized methodology (describe)
- Project budget (see attached template)
- Ownership commitment is provided via letter of intent (LOI) for non-municipal owners or municipal resolution for municipal owners
- Public agencies must complete SEQRA on the project and submit determination of significance and associated documentation.

12. OTHER ATTACHMENTS

List other attachments provided, including cost estimates, bids, plans, documentation of matching funds, and other as appropriate to demonstrate project readiness, quality, feasibility, and cost effectiveness.



TOWN OF SOUTHAMPTON

Department of Community Preservation
 24 W Montauk Hwy, Hampton Bays, NY 11946
 Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

BUDGET PROPOSAL

Is the applicant incorporated or organized as a Not-for-Profit corporation or Not-for Profit limited liability company?
 Yes No **(If Yes, please submit a copy of the Certificate of Incorporation/Organization with this application)**

Is the applicant a municipality? Yes No

If yes, please enter the request date or anticipated request date of RFP (Request for Proposals) _____.

PLANNING/ENGINEERING/DESIGN	Town CPF Request	Matching Funds Committed	Matching Funds Pending	Estimated Total Project Costs
Task 1-	\$-	\$-	\$-	\$-
Task 2-	\$-	\$-	\$-	\$-
Task 3-	\$-	\$-	\$-	\$-
Task 4-	\$-	\$-	\$-	\$-
Task 5-	\$-	\$-	\$-	\$-
Task 6-	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
Planning/Engineering/Design Cost Total	\$-	\$-	\$-	\$-

Contractual Services				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
Contractual Services Cost Total	\$-	\$-	\$-	\$-

Construction & Site Improvements				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
Construction & Site Improvements Cost Total	\$-	\$-	\$-	\$-



TOWN OF SOUTHAMPTON

Department of Community Preservation
 24 W Montauk Hwy, Hampton Bays, NY 11946
 Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

Equipment/Materials/Supplies	Town CPF Request	Matching Funds Committed	Matching Funds Pending	Estimated Total Project Costs
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
Equipment/Materials/Supplies Total	\$-	\$-	\$-	\$-

Additional Cost				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
Additional Cost Total	\$-	\$-	\$-	\$-

Planning/Engineering/Design Cost Total (from page 7)	\$-	\$-	\$-	\$-
---	------------	------------	------------	------------

Total Project Cost	\$-
Applicant matching funds committed	\$-
Applicant matching funds pending approval (e.g. grant request submitted pending determination)	\$-
Total CPF Funds Requested	\$-

Source of matching funds	Amount



TOWN OF SOUTHAMPTON

Department of Community Preservation
24 W Montauk Hwy, Hampton Bays, NY 11946
Ph: 631-287-5720 Fx: 631-728-1920
WQIPP@southamptontownny.gov

Entity: _____

Project Name: _____

2024

COMMUNITY PRESERVATION FUND (CPF) WATER QUALITY IMPROVEMENT PROGRAM LETTER OF INTENT

APPLICANT'S INFORMATION

Owner: _____

Contact First and Last Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

CONTRACT RECIPIANT INFORMATION

Name/Organization: _____

Contact Person/Officer: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

PROJECT INFORMATION

Project Title: _____

Project Location: _____

Project Description (1-3 sentences): _____

ANTICIPATED PROJECT TIMELINE

Begin: _____

Complete: _____

Notes: _____
