



## 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](mailto: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](http://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



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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)



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\*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.



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

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).

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"/>	<b>If stormwater system or drainage is proposed:</b> The project must indicate compliance with the New York State Stormwater Design Manual (2015 and as updated).
<input type="checkbox"/>	<input type="checkbox"/>	<b>If project is related to farmland:</b> Describe any Agricultural Stewardship Plan or other long term strategy for Nitrogen abatement.
<input type="checkbox"/>	<input type="checkbox"/>	<b>If the project is for habitat restoration:</b> 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"/>	<b>If project is a Sewage Treatment Plant (STP) or cluster treatment system:</b> 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"/>	<b>If the project is requesting grant match:</b> 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.

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



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

[Redacted area for response to 4c]

## 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.

[Redacted area for response to 5a]

5b. Describe any matching funds to be provided.

[Redacted area for response to 5b]

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.

[Redacted area for response to 5c]

## 6. MANAGEMENT, EXPERIENCE, ABILITY

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

[Redacted area for response to 6a]

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

[Redacted area for response to 6b]

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

[Redacted area for response to 6c]



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### 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.



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## 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-	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
<b>Planning/Engineering/Design Cost Total</b>	\$-	\$-	\$-	\$-

Contractual Services				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
<b>Contractual Services Cost Total</b>	\$-	\$-	\$-	\$-

Construction & Site Improvements				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
<b>Construction &amp; Site Improvements Cost Total</b>	\$-	\$-	\$-	\$-



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

Additional Cost				
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
	\$-	\$-	\$-	\$-
<b>Additional Cost Total</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>	<b>\$-</b>

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



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## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest    Agricultural/grasslands    Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban    Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: _____ Date: _____  Signature: _____ Title: _____		