Florida Communities Trust

Stewardship Report

**PURPOSE:** Pursuant to Rule 62-815.013, F.A.C. (Preservation 2000) or Rule 62-818.013, F.A.C. (Florida Forever), recipients of FCT funds must submit an annual stewardship report. Once a project is fully developed and approved by the Trust, stewardship reports may be submitted on a 5-year cycle. This report form may be used for projects on either a 1-year or 5-year reporting cycle. The purpose of the stewardship report is to verify that FCT recipients are compliant with conditions imposed at the time of award and incorporated into the management plan. Please fill in all blanks to the best of your ability.

When completed, return this form to your Regional Planner, or to: FloridaCommunitiesTrust@dep.state.fl.us

Incorporate the FCT project number into the file name i.e., 01-001-FF1\_SR.2024.

**GUIDANCE:**

All fields are required, please indicate N/A for those not applicable.

Please refer to your approved management plan, and County-recorded document that indicates conditions that are dedicated in perpetuity as a result of the grant award agreement. These may be viewed in documents titled “Grant Award Agreement” (GAA), or “Dedication to Public Use and Declaration of Restrictive Covenants” (DRC/DDRC), depending on the year that the FCT award was granted.

The first section of this report addresses general criteria. The second section is specific to the Special Management Conditions **(SMCs)** of the GAA/DRC/DDRC. Section III allows for additional information as needed.

Photo documentation is a required component of the Stewardship Report. Please see Section IV for more information on photograph submission.

Please reach out to your Regional Planner for any questions.

**SECTION I: GENERAL INFORMATION**

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| **General Information** |
| Date Submitted | Click or tap to enter a date.  |
| Reporting Period | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| FCT Project # |       |
| Project Name |       |
| Project Address |       |
| Recipient Agency |       |

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| **Key Contact(s) – please include email address and phone number for each** |
| (Name), (Title), (Phone), (Email) |
| (Name), (Title), (Phone), (Email) |

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| **Project Detail** |
| Acres acquired with FCT assistance |       | Additional Acres |       |
| Total Acres of the project site |       |
| Is the Project Site open to public? | Yes [ ]  No [ ]  | Date Opened |       |
| Is the entire Project Site acquired? | Yes [ ]  No [ ]  | Date Acquired |       |
| If no, what year was the Project Management Plan updated to delete parcels not acquired? |       |

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| Site Development |
| According to the Project Management Plan, what percentage of the Project Site development is completed? |       |

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| Future Land Use |
| Has the FLUM been amended to conservation, recreation, open space, or another similar category? | Yes [ ]  No [ ]  |
| If yes, please provide the date the FLUM was amended |       |
| Did you previously provide FCT with documentation of the change? If no, please attach to this report | Yes [ ]  No [ ]  |
| If yes, please provide date submitted to FCT |       |
| What is the current land use designation? |       |

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| Zoning |
| Has zoning for the Project Site been amended to conservation, recreation, open space, or another similar category?  | Yes [ ]  No [ ]  |
| If yes, please provide year amended |       |
| What is the current zoning designation? |       |

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| Sovereign Submerged Lands Documentation (lease, consent of use, waiver) |
| Are sovereign submerged lands present on the Project Site? | Yes [ ]  No [ ]  |
| If yes, what documentation is being kept on file? Please include the Board of Trustees lease number.      |
| Provide the year(s) and describe the activity(ies):       |

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| Easements, Leases or Concessions |
| Are easements, leases or concessions active on the Project Site? | Yes [ ]  No [ ]  |
| If yes, please provide the year(s), the lease number (if applicable), and describe the activity(ies):       |

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| Special Events |
| Are any special events, such as weddings, conferences, receptions, etc. being held on the Project Site? | Yes [ ]  No [ ]  |
| If yes, please provide the type of event held and date:       |
| Is this an annual event? | Yes [ ]  No [ ]  | Was any revenue generated? | Yes [ ]  No [ ]  | Amount: $      |

**Revenue generated on FCT Project Sites must be reported annually for the period of July 1 – June 30.**  Please visit <https://floridadep.gov/lands/land-and-recreation-grants/content/fct-annual-revenue-report> for additional information.

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| Additional Funding |
| Have you received any additional funding in the form of grants, loans, donations, etc. for the development, restoration or maintenance of the Project Site? | Yes [ ]  No [ ]  |
| If yes, provide the funding source |       |
| Provide the grant or loan number |       |
| Amount of additional funding | $      |
| Provide the year of funding |       |

**SECTION II: SPECIAL MANAGEMENT CONDITIONS REQUIRED PER THE GRANT AGREEMENT/ DECLARATION OF RESTRICTIVE COVENANTS**

Please note that some of the following conditions are a requirement of all FCT sites, though not all of the following categories may apply to your unique project. Please review your agreement carefully to indicate whether the following condition applies to your project. Record any conditions in the final section labeled “Additional Conditions Not Addressed Above.”

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| Acknowledgement Sign: SMC #       |
| Is the required acknowledgement sign stating that “Funding for the acquisition of this Project Site was provided by the Florida Communities Trust” installed? | Yes [ ]  No [ ]  | If yes: Year installed  |       |
| Please include a **current** photograph of the sign as an attachment to this report. |

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| Physical Improvements: SMC #       |
| What is the number of recreational facilities required in Special Management Conditions for this Project Site?  |       |

In the table that follows, please list all physical improvements to be provided on the Project Site, according to the Special Management Conditions **(SMC)** and the Project Management Plan **(MP)**. Use as many of the following spaces as necessary. This includes recreational facilities as well as other site amenities such as parking, restrooms, fencing, etc.

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| **Facility/Improvement**  | **Required in (SMC) or (MP)?** *Check one, both or neither.* | **Is the facility completed and open to the public?** | **Year the facility was Completed** |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
|       | SMC [ ]  MP [ ]  | Yes [ ]  No [ ]  |       |
| **Comments** |      |

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| **Sidewalk Connection: SMC #** |
| Is a sidewalk connection onto the Project Site included in the Special Management Conditions?  | Yes [ ]  No [ ]  |
| If yes, what year was the sidewalk connection completed?  |       |
| **Comments** |       |

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| Paddling Trail Connection: SMC #       |
| Is a connection to a paddling trail included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the paddling trail connection completed? |       |
| **Comments** |       |

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| Recreational Trail Connection: SMC #       |
| Is a connection to a recreational trail included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the recreational trail connection completed? |       |
| **Comments** |       |

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| Ecological Corridor: SMC #       |
| Is a connection to an ecological corridor included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the ecological corridor connection completed? |       |
| **Comments** |       |
| Stormwater Facility: SMC #       |
| Is a stormwater facility included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the stormwater facility completed? |       |
| What type of stormwater facility was completed? |       |
| **Comments** |       |

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| Archaeological Survey: SMC #       |
| Is an archaeological survey required under the Special Management Conditions for this site? | Yes [ ]  No [ ]  |
| Whether required or not, has an archaeological survey been completed on the Project Site? | Yes [ ]  No [ ]  |
| If yes, what year was the survey completed? |       |
| Was a copy of survey submitted to the FCT for the grant project file? If no, please attach a copy to this report  | Yes [ ]  No [ ]  |
| If yes, please provide date submitted to FCT |       |
| Existing features (Include Site File No.):       |
| New features (Include Site File No.):       |
| Management recommendations:      |
| Describe any activity or accomplishments during this reporting period:      |

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| Wetland Restoration/Planting: SMC #       |
| Is wetland restoration or planting included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the restoration or planting started? |       |
| If yes, what year was the restoration or planting completed |       |
| Describe the proposed or completed work:      |
| Describe any activity or accomplishments during this reporting period:      |

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| Upland Restoration/Planting: SMC #       |
| Is upland restoration or planting included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the restoration or planting started? |       |
| If yes, what year was the restoration or planting completed |       |
| Describe the proposed or completed work:       |
| Describe any activity or accomplishments during this reporting period:      |

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| Prescribed Fire Plan Developed: SMC #       |
| Is a prescribed fire plan included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the prescribed fire plan implemented? |       |
| Were prescribed fire activities conducted during this reporting period? | Yes [ ]  No [ ]  |
| If yes, please indicate the number of acres burned and the outcome:      |
| **Comment** |       |

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| Plant and Animal Survey: SMC #       |
| Is a plant and animal survey included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, what year was the survey completed? |       |
| Describe any work done in this regard during the reporting period:      |

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| Exotic Plant Removal (required for all sites): SMC #       |
| In what year was exotic plant control started? |       |
| Please describe exotic plant work completed during this reporting period. Include measurable details such as number of acres treated, or number of stems pulled:      |

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| Feral Animal Removal (required for all sites): SMC #       |
| In what year was feral animal removal started? |       |
| Please describe feral animal removal work completed during this reporting period. Include measurable details such as species and number of animals removed:       |

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| Education – Interpretive Programs: SMC #       |
| Is public education included in the Special Management Conditions? | Yes [ ]  No [ ]  |
| If yes, does this include interpretive programs? | Yes [ ]  No [ ]  |
| If yes, how many interpretive programs per year are required by the Special Management Conditions? |       |
| Please describe the interpretive programs conducted during this reporting period. Include measurable details such as the number of programs, number of attendees, subject matter, etc.:      |
| Education – Interpretive Facilities: SMC #       |
| Are interpretive facilities such as signs or kiosks included in the Special Management Conditions? | Yes [ ]  No [ ]   |
| If yes, in what year was the sign(s) or kiosk(s) installed? |       |
| Please describe the proposed or completed signs/kiosks:       |
| Education – Museum/Nature/Recreation Center: SMC #       |
| Is a museum/nature center/recreation center included in the Special Management Conditions?  | Yes [ ]  No [ ]   |
| If yes, in what year was the museum/nature center/recreation center built? |       |
| Please describe the proposed or completed museum/nature center/recreation center:       |

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| Additional Conditions Not Addressed AbovePlease complete this section. Insert the Special Management Condition (SMC) number and the exact condition. Please fill in the “Activity during the reporting period” field.*Note: the form fields will expand as needed.* |
| **SMC No.:**      **Activity during the reporting period (to be entered by the recipient):**      |
| **SMC No.:**      **Activity during the reporting period (to be entered by the recipient):**      |
| **SMC No.:**      **Activity during the reporting period (to be entered by the recipient):**      |
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**SECTION III: ADDITIONAL RELEVANT INFORMATION**

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| Other Issues Unique to the Site |
| Please describe the issue: |
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| Management Plan Changes |
| In the coming year, do you anticipate needing to amend the Management Plan for the Project? | Yes [ ]  No [ ]  |
| If yes, please describe in detail:       |

**SECTION IV: PHOTO DOCUMENTATION**

Attach current photographs of the Project Site (incorporate into a Microsoft Word or Adobe pdf document). At a minimum, photos of the FCT recognition sign and approved recreational facilities must be submitted. Additional photos can include natural communities on site, community volunteer days, events held within the past 12 months, etc.

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| **List photographs here:**  |
| 1. |       |
| 2 |       |
| 3. |       |
| 4. |       |
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| 9. |       |
| 10.  |       |