



# Florida Communities Trust Annual Stewardship Report



Pursuant to Rule 62-815.013, F.A.C. (P-2000 Projects) or Rule 62-818.013, F.A.C. (Florida Forever Projects), Recipients of FCT funds must submit an annual Stewardship Report. The purpose of the stewardship report is to verify that FCT recipients are following conditions imposed at the time of award. Please fill in all blanks to the best of your ability. When completed, return this form to:

The Florida Communities Trust  
Florida Department of Environmental Protection  
3800 Commonwealth Boulevard, Mail Station 103  
Tallahassee, Florida 32399  
Email: [FloridaCommunitiesTrust@dep.state.fl.us](mailto:FloridaCommunitiesTrust@dep.state.fl.us)  
ftp site address: <ftp://depftp.dep.state.fl.us/pub/incoming/FCT/>

*Note – when submitting the report electronically, it is helpful to incorporate the FCT project number into the file name.*

General Information	
Date:	
FCT Project Number:	
Project Name:	
Recipient:	
Key Contact(s) – please include email address and phone number for each:	

Project Detail			
Acres acquired with FCT assistance:		Additional Acres:	
Total Acres of the project site:			
Is the Project Site open to public?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date opened:	
Is the entire Project Site acquired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Acquired:	
If no, what year was the Project Management Plan updated to delete parcels not acquired?			

<b>Site Development:</b>			
According to the Project Management Plan, what percentage of the Project Site development is completed?			
<b>Acknowledgement Sign:</b>			
Is the required acknowledgement sign stating that "Funding for the acquisition of this Project Site was provided by the Florida Communities Trust" installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Year installed:
Please include a <b>current</b> photograph of sign.			

<b>Future Land Use:</b>	
Has the FLUM been amended to conservation, recreation, open space, or other similar category?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes: Year amended:	
What is the current land use designation?	
Has the FLUM been amended to conservation, recreation, open space, or other similar category?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Zoning:</b>	
Has zoning for the Project Site been amended to conservation, recreation, open space, or another similar category?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes: Year amended	
What is the current zoning designation?	

<b>Physical Improvements:</b>	
What is the number of recreational facilities required in Special Management Conditions for this Project Site?	

**In the table on the following page, please list all physical improvements to be provided on the Project Site, according to the Special Management Conditions and the Project Management Plan. 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.**

Facility	Required in Special Management Conditions?	Is the facility completed and open to the public?	Year the facility was Completed
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Comment</b>			

<b>Sidewalk Connection:</b>	
Is a sidewalk connection onto the Project Site included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the sidewalk connection completed?	

<b>Paddling Trail Connection:</b>	
Is a connection to a paddling trail included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the paddling trail connection completed?	

<b>Recreational Trail Connection:</b>	
Is a connection to a recreational trail included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the recreational trail connection completed?	

<b>Ecological Corridor:</b>	
Is a connection to an ecological corridor included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the ecological corridor connection completed?	

<b>Stormwater Facility:</b>	
Is a stormwater facility included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the stormwater facility completed?	

**Key Management Activities**

<b>Archaeological Survey:</b>	
Has an archaeological survey been completed on the Project Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the survey completed	
Was a copy of survey submitted to the FCT for the grant project file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing features (Include Site File No.):	
New features (Include Site File No.):	
Management recommendations:	

<b>Wetland Restoration/Planting:</b>	
Is wetland restoration or planting included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:	

<b>Upland Restoration/Planting:</b>	
Is upland restoration or planting included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:	

<b>Prescribed Fire Plan Developed:</b>	
Is a prescribed fire plan included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the prescribed fire plan implemented?	
If you answered Yes above, were prescribed fire activities conducted in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the number of acres burned and the outcome.	

<b>Plant and Animal Survey:</b>	
Is a plant and animal survey included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what year was the survey completed?	
Describe any work done in this regard during the past year:	

<b>Exotic Plant Removal (required for all sites):</b>	
In what year was exotic plant control started?	
Please describe exotic plant work completed this year. Include measurable details such as number of acres treated, or number of stems pulled:	

<b>Feral Animal Removal (required for all sites):</b>	
Is feral animal removal included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, in what year was feral animal removal begun?	
Please describe feral animal removal work completed this year. Include measurable details such as species and number of animals removed:	

<b>Education:</b>	
Is public education included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does this include interpretive programs?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how many interpretive programs per year are required by the Special Management Conditions?	
Please describe the interpretive programs conducted this year. Include measurable details such as the number of programs, number of attendees, subject matter, etc.:	
Are interpretive facilities such as signs or kiosks included in the Special	Yes <input type="checkbox"/> No <input type="checkbox"/>

Management Conditions?	
If yes, in what year was/were the signs or kiosks installed?	
Please describe the proposed or completed signs/kiosks:	
Is a museum/nature center/recreation center included in the Special Management Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in what year was the museum/nature center/recreation center built?	

<b>Sovereign Submerged Lands Documentation (lease, consent of use, waiver):</b>	
Are sovereign submerged lands present on the Project Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what documentation is being kept on file?	
Provide the year(s) and describe the activity(ies):	

<b>Easements, Leases or Concessions:</b>	
Are easements, leases or concessions active on the Project Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the year(s), the Board of Trustees lease number (if applicable), and describe the activity(ies):	

<b>Other Issues Unique to the Site:</b>	
Please describe the issue:	

<b>Management Plan Changes:</b>	
In the coming year, do you anticipate needing to amend the Management Plan for the Project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe in detail:	

<b>Photos:</b>
Please attach current photographs of the Project Site (submit as an attachment to this report). Particularly, please include photos that clearly indicate the required FCT recognition sign as well as any new or newly renovated facilities.

List photographs here:	
1.	
2	
3.	
4.	
5.	
6.	
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9.	
10.	