Florida Communities Trust

Stan Mayfield Working Waterfronts Stewardship Report

Pursuant to Rule 62-820.012, F.A.C., recipients of Stan Mayfield Working Waterfronts Program (SMWW) funds must submit an Annual Stewardship report. The purpose of the Stewardship Report is to verify that SMWW projects are following the terms and conditions imposed at the time of award. When completed, return this form to:

The Florida Communities Trust

Florida Department of Environmental Protection

3900 Commonwealth Boulevard, Mail Station 550

Tallahassee, Florida 32399

Email: FloridaCommunitiesTrust@dep.state.fl.us

*Note – when submitting the report electronically, it is helpful to incorporate the FCT project number into the file name i.e., 01-001-WW1.SR.2019.*

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

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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 Number |        |
| Project Name |       |
| Project Address |       |
| Recipient Agency |       |

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| **Key Contact(s) – please include email address and phone number for each** |
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| **Project Detail** |
| Acres acquired with FCT assistance |       | Additional Acres |       |
| Total Acres of the project site |       |
| Is the Project Site open for business? | 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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| 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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| Future Land Use (FLUM): SMC #       |
| Has the FLUM for the Project Site been amended to Working Waterfronts or other 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: SMC #       |
| Has zoning for the Project Site been amended to Working Waterfronts or other similar category?  | Yes [ ]  No [ ]  |
| If yes, please provide the date the zoning 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 zoning designation? |       |

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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 |       |
| Amount of Additional Funding | $      |

**Required Facilities or Improvements**

In the table below, 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.

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| **Facility/Improvement**  | **Required in Special Management Conditions (SMC) or Management Plan (MP)?** | **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 [ ]  |        |
| **Comments** |        |

Conditions Required Under the Grant Agreement/Declaration of Restrictive Covenants

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| **Docking Facility: SMC #** |
| Is a Docking Facility included in the Management Plan or Special Management Conditions?  | Yes [ ]  No [ ] MP [ ]  SMC [ ]  |
| If yes, describe the status of this element?       |
| What year was the docking facility completed? |       |

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| **Seafood House: SMC #** |
| Is a Seafood House included in the Management Plan or Special Management Conditions?  | Yes [ ]  No [ ] MP [ ]  SMC [ ]  |
| If yes, what is the status of this element?       |
| What year was the seafood house completed? |       |

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| **Structure for Launching Commercial Fishing Vessels: SMC #** |
| Is a Structure for Launching Commercial Fishing Vessels included in the Management Plan or Special Management Conditions?  | Yes [ ]  No [ ] MP [ ]  SMC [ ]  |
| If yes, what type of launching structure (i.e., boat ramp, boat lift, or boat rail system)?       |
| If yes, what is the status of this element?       |
| What year was the structure completed? |       |

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| **Storage Area of at least ¼ Acre: SMC #** |
| Is a Storage Area of at least ¼ Acre included in the Management Plan or Special Management Conditions?  | Yes [ ]  No [ ] MP [ ]  SMC [ ]  |
| If yes, what is the status of this element?       |

Additional Conditions Not Addressed Elsewhere in This Form

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| Additional Conditions Not Addressed Above |
| This project is subject to the following terms or conditions not mentioned in other parts of this form. Please describe all activity related to these terms or conditions during the reporting period.*Note: the form fields will expand as needed.* |
| SMC #      Condition (to be entered by the FCT Planner):     Activity during the reporting period (to be entered by the recipient):      |
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# Key Management Activities

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| Education: 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 interpretive programs conducted during this reporting period. Include measurable details such as the number of programs, attendee numbers, subject matter, etc.:      |
| 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:        |
| Is a museum/interpretive center included in the Special Management Conditions? | Yes [ ]  No [ ]   |
| If yes, in what year was the museum/interpretive center built? |       |
| Please describe the status of the museum/interpretive center:       |  |

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| Structure on National Register of Historic Places: SMC #       |
| Does the Project Site contain a structure(s) that is listed on the National Register of Historic Places administered by the National Park Service? | Yes [ ]  No [ ]  |
| Please describe the status of this structure or structures as of the reporting period:      |

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| State Assistance |
| Did the recipient agency expend more than $750,000 in state assistance?  | Yes [ ]  No [ ]  |
| *If YES, the recipient must submit a State single or project-specific audit for the fiscal year in which the expenses were recorded. This is in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. Contact your FCT project Planner for guidance.* |

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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?       |
| Provide the year(s) and describe the activity(ies), including all activity related to this condition during the reporting period:       |

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| Easements, Leases or Concessions |
| Are easements, leases or concessions active on the Project Site? | Yes [ ]  No [ ]  |
| Please describe any other easements, Leases or Concession Agreements on the site. Please provide the year(s), the Board of Trustees lease number (if applicable), and describe the activity(ies):      |

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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:       |

Photos

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.

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| **List photographs here:**  |
| 1. |       |
| 2 |       |
| 3. |       |
| 4. |       |
| 5. |       |
| 6. |       |
| 7. |       |
| 8. |       |
| 9. |       |
| 10.  |       |

Revenue generated on the FCT Project Site must be reported annually for the period of July 1 – June 30. The Revenue Report is due July 31 of each year.

Please visit <https://floridadep.gov/lands/land-and-recreation-grants/content/fct-annual-revenue-report> for additional information on revenue reporting.