



**EDWARDS AQUIFER
AUTHORITY**

EDWARDS AQUIFER HABITAT CONSERVATION PLAN PROGRAM

FY 2017 PROGRAM FUNDING APPLICATION

This Program Funding Application (“Application”) is made under Article 6 of the Funding and Management Agreement effective January 1, 2012 (“FMA”) between the Edwards Aquifer Authority (“EAA”) and certain other parties. If you have any questions regarding this Application, please contact the Executive Director of the Habitat Conservation Program at (210) 222-2204. Terms used in this Application are used as defined in the FMA. Label attachments with the section and subsection of this Application to which the attachment corresponds.

Please send your completed application to:

**Edwards Aquifer Authority
Attention: Habitat Conservation Program
900 East Quincy Street
San Antonio, TX 78215**

[NOTE: Only parties to the Funding and Management Agreement (eff. Jan. 1, 2012) are eligible for Program Funding. Except under extenuating circumstances as approved by the Implementing Committee, a Program Funding Application must be filed with the EAA not later than October 1 of the year preceding the year for which Program Funding is sought. If the EAA approves this Application, funds may be disbursed by the EAA from the HCP Program Account only if a Program Funding Contract has been executed by the EAA and the Applicant. The EAA will make all reasonable efforts to enter into a contract with the Applicant not later than 30 days after it takes final action on this Application. Additionally, Program Funding will be made available to the Applicant only in the amount and according to the terms and conditions of the executed Program Funding Contract.]

1.0 APPLICANT INFORMATION.

Name: _____ City of San Marcos

Contact Person: _____ Melani Howard

Principal Office Address: _____ 630 East Hopkins San Marcos TX 78666

Phone Number: 512-395-5942 _____ Fax Number: _____

Email: _____ mhoward@sanmarcostx.gov

2.0 AMOUNT OF PROGRAM FUNDING.

State the total amount of Program Funding requested to implement the Conservation Measures or other Program activities for the fiscal year for which Program Funding is sought:

\$ ~~730,500~~ 611,000.00 as specifically depicted in Table 1 below:

EAHCP No.	Mitigation	Description	Final Amount Requested	Selected Contractor
5.3.1/5.4.1		Texas Wild-rice Enhancement	\$100,000.00	Texas State University
5.3.6/5.4.4		Sediment Removal	\$0 ¹	Texas State University
5.3.8/5.4.3/5.4.12		Non-native Plant Species Control	\$150,836.68	Texas State University/EBR Enterprises/USFWS
5.3.3/5.4.3		Management – Floating Plant Mats and Litter	\$51,298.10	Pristine Texas Rivers Inc/TBD
5.3.5/5.3.9/5.4.11/5.4.13		Non-native Animal Species Control	\$27,123.02	Atlas Environmental/TBD
5.3.7		Bank Stabilization Maintenance	\$20,000.00	TBD
5.7.1		Native Riparian Habitat Restoration	\$55,742.20	Heritage Tree Care/USFWS
5.3.2/5.4.2		Management – Key Recreation Areas	\$56,000.00	Texas State University
5.7.3		LID/BMP Management	\$120,000.00 <u>239,500</u> ²	John Gleason LLC
5.7.5		Household Hazardous Waste Mgt	\$30,000.00	Green Guy Recycling Inc
		2017 Funding Request Total	\$611,000.00 <u>730,500</u>	

1. Roll \$25,000 to 2018

1-2. To complete the designs of City Park & Downtown Ponds (in fulfillment of the Minimizing Contaminated Runoff) and begin Sessom Creek BMP design, an additional \$119,500 from 2018 LID/BMP Management funds was added.

3.0 CITATIONS TO PROGRAM DOCUMENTS.

List the citations to the appropriate Program Documents that demonstrate that the Applicant is authorized to perform the Conservation Measures or other Program activities for which Program Funding is sought. If the Applicant is acting to cure the failure of another party to the FMA to perform one or more Conservation Measures or other Program activities for which that party is responsible, please describe in detail the circumstances surrounding the need to cure and the authority of the Applicant to perform that duty.

The Edwards Aquifer Habitat Conservation Plan requires the City of San Marcos to complete the above listed projects utilizing the Funding and Management Agreement and section 2.3 of the EAHCP.

☐ Additional page(s) attached.

4.0 PROCUREMENT PROCESS.

Describe the procurement process utilized by the Applicant to secure bids or proposals and a demonstration that the bid or proposal selected is lawful and reasonable:

The City of San Marcos will utilize existing HCP contractors from the 2016 HCP Work Plan and extend their existing 2016 contracts to continue work for the upcoming 2017 HCP Work Plan projects.

The City of San Marcos "Purchasing Policy and Procedures" are consistently being followed as stated in the 2016 HCP Funding and Management application.

The City of San Marcos City Council does not need to approve the contract extensions for the 2017 HCP work plan/projects.

Contract amounts will not exceed 2017 HCP Funding Application amounts listed in Table 1 above.

☐ Additional page(s) attached.

5.0 ATTACHMENTS.

☒ **Applicant's Resolution.** - Attach the resolution representing that the filing of this Application has been duly authorized by the Applicant's governing body, or other appropriate official.

☒ **Annual Party Work Plan and Cost Estimate** - (purpose for which Program Funding is sought). Attach the Applicant's Annual Party Work Plan and Cost Estimate as approved by the Implementing Committee, and provide the resolution and minutes of the meeting at which the Implementing Committee took its action to approve.

☐ **Copy of Awarded Proposals** - Attach copies of each awarded proposal approved by City Council, and if necessary, include the scope of work which describes the process for implementation of the Conservation Measures.

6.0 ACKNOWLEDGMENT.

I, the undersigned, acknowledge, represent, and confirm that: (1) I am the representative of the Applicant and authorized to execute and submit this Application; (2) the Program Documents, or another appropriate regulatory document, as indicated above in Section 3 authorize the Conservation Measures or other Program activities to be performed by the Applicant; and (3) to the best of my knowledge the information provided in this Application is complete, true and correct.

By: _____

Tom Taggart
Executive Director – Public Services

Date: _____

STATE OF TEXAS

COUNTY OF HAYS

BEFORE ME, the undersigned authority, on this day personally appeared _____ who, after being duly sworn on his or her oath, executed the above Program Funding Application.

Sworn to and subscribed before me on this ____ day of _____, 20____.

Notary Public, State of Texas