



DELAWARE DEPARTMENT OF  
**NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL**

### **Grant Application Form**

**FY – \_\_\_\_\_**

**Grant Selection:** *Please select the grant for which you are applying.*

*Nonpoint Source Section 319 Grant*

*Chesapeake Bay Implementation Grant (CBIG)\**

*Local Government Implementation Funding (LGIF)*

**Grant Information:** *Provide the following information regarding the project to be completed through this grant.*

**Project Title:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Project Manager:** \_\_\_\_\_

**Sam.gov Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**County (select all that apply):**      New Castle              Kent              Sussex

**Nonpoint Source Section 319 Grant Watershed (select all that apply):**

- |                          |                           |
|--------------------------|---------------------------|
| Appoquinimink River      | Little Assawoman Bay      |
| Broadkill River          | Nanticoke River           |
| Chester & Choptank River | Pocomoke & Wicomico River |
| Christina Basin*         | St. Jones River           |
| Inland Bays              | Upper Chesapeake*         |

*\*All subwatersheds within the Chesapeake Bay watershed are eligible for CBIG grant.*  
*\*Christina Basin eligible subwatersheds for 319 grant include Brandywine Creek, Red Clay Creek, White Clay Creek, and Christina River.*  
*\*Upper Chesapeake eligible subwatersheds for 319 grant include Elk River, Bohemia River, Sassafras River, and the C&D Canal.*

**Project Timeline:**

**Estimated Start Date:** \_\_\_\_\_

**Estimated End Date:** \_\_\_\_\_

**Total Project Cost:** \_\_\_\_\_

**Grant Funding Requested:** \_\_\_\_\_ **Match Requirement:** \_\_\_\_\_

**Key Project Partners:** *(If applicable) Provide a letter or a memorandum of agreement describing their role and/or contribution to the project. For example, if they are contributing match toward the project, indicate whether it is cash and/or in-kind services.*

**Project Description:** *Describe the issue or problem to be addressed by the grant proposal, why the work is necessary, and how it fits with the grant program criteria. For implementation projects, describe where the project is located including its watershed, municipality, site location, etc. Describe how the proposal will address water quality impairment issues and implement nutrient and sediment load reductions to help achieve applicable watershed Total Maximum Daily Loads (TMDLs).*

**Objectives/Tasks/Timeline:** *Provide a description of any goals or objectives to be completed through this project, location of the project, key partners involved in the implementation of the project, and a detailed work plan that describes how each goal will be accomplished. Provide target dates for the completion of each task/objective, list target milestones and associated timelines, and briefly describe how each milestone addresses specific project tasks/objectives. This section should also include any environmental benefits that may result from this project.*

**Measurable Environmental Results:** *Include estimates of the load reductions or other measurable environmental results that will result from the implementation of the project (please utilize and identify one of the nutrient load reduction models detailed in the RFP). Detail how the implementation of the proposed BMP(s) will provide a positive water quality benefit. Applicants should include how these results will be monitored, georeferenced, and reported.*

**Operation and Maintenance:** *Include any management practices that address the proper operation and maintenance requirements of the project after implementation has been completed and the grant has ended. Include the number of years the operation and maintenance plan will be in effect, the estimated cost to maintain, funding sources available for continued future maintenance, and the party responsible for maintenance.*

**Budget:** *Budget should include the amount of funds requested for the project, an itemized list of all expenditures (i.e., contractual costs, supplies, personnel/salaries, etc.), and non-Federal match sources and amounts. Applicants should also include a brief narrative justification of the proposed budget to ensure clarity. Note: Minimum required non-Federal match is calculated by multiplying the grant request amount by 0.667 for the NPS Section 319 grant. 1:1 match is required for the CBIG. (319 Grant Example: \$10,000 grant fund request x .667 = \$6,670 match requirement). (CBIG Grant Example: \$10,000 grant fund request x 1.0 = \$10,000 match requirement).*

**Qualifications:** *Include a list of the applicant's qualifications to complete this project.*

**Insurance:** *If the applicant's current insurance does not meet the minimum requirements below, please explain what level of coverage you have and how any deficiencies in the required insurance coverages may be handled. Provide a Certificate of Liability Insurance form with your application. The certificate holder is as follows: DNREC, Division of Watershed Stewardship, Nonpoint Source Program.*

*Grantee shall maintain the following insurance coverage:*

- 1. Worker's Compensation and Employer's Liability Insurance in accordance with applicable law, and*
- 2. Comprehensive General Liability - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate, and*
- 3. Medical/Professional Liability - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate; or*
- 4. Miscellaneous Errors and Omissions - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate, or*
- 5. Product Liability - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate, and*
- 6. If required to transport state employees, Automotive Liability Insurance covering all automotive units used in the work with limits of not less than \$100,000 each person and \$300,000 each accident as to bodily injury and \$25,000 as to property damage to others.*

*Does the applicant have the proper insurance coverage to carry out the project set forth in this application?*

*Yes*

*No*

*If not, please explain how any deficiencies in the required insurance coverages will be handled.*

**Signature Page:** *The final page of the application must contain a signature from the grant applicant, landowner(s) on which the project will occur, and the responsible party for any matching funds. Letters of support from the landowners and/or match contributors may be added to the end of the application.*

**Required Signatures:** *Please include the signatures of the grant applicant, landowner(s) on which the project will occur, and the responsible party for any matching funds.*

\_\_\_\_\_  
Grant Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Land Owner 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Land Owner 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Land Owner 3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party for Match

\_\_\_\_\_  
Date