

FY-Grant Application Form

ant Selection: Please select the g	grant for which you are applying.
319 Nonpoint Source Progr	ram Grant
ant Information: Provide the following this grant.	llowing information regarding the project to be completed
Project Title:	
Name of Organization:	
Project Manager:	
DUNS #:	Project Number:
Mailing Address:	
Telephone Number:	
E-mail Address:	
County:	Watershed:
stating their role and/or contri	applicable) Provide a letter or memorandum of agreemen ibution to the project. For example, if they are providing her the match is staff time, land, etc.
Project Timeline:	Project Cost:
Requested Funding:	Match Requirement:

<u>Project Description:</u> Provide a description of the project including the issue or problem to be addressed by this proposal, why the work is necessary, and how it fits with the grant program criteria.

<u>Objectives/Tasks:</u> Specify any objectives of the project and what is to be accomplished, location where the work will take place, who will complete the work, organizational capacity to complete the project, a work plan to accomplish your task, and description of any environmental benefits that may result from this project.

Measurable Environmental Results: Include estimates of nutrient load reductions or runoff reductions, total drainage area being treated (acres) and associated runoff curve number, % impervious area (if applicable), any best management practices proposed, and any other measurable environmental results that will result from implementation of the project. Indicate how these measurable environmental results will be monitored, geo-referenced, and reported.

	nd Maintenanc				
			r implementatio	on of the projec	t. Include the number
of years the plan will be in effect.					
travel, equipn well as a brie	nent, supplies, con	ntractual costs, cation of the bu	and non-feder dget (Minimun	al match source n required matc	personnel/salaries, es and amounts as h is calculated by

Time	<mark>line:</mark> Include S get milestones,	Scope of Work t timelines, and	asks with targ describe how	et dates for co each mileston	mpletion of eac e addresses pro	ch task as well as oject objectives.
<u>Quali</u>	fications: Inc	lude a list of ap	oplicant's qua	lifications to c	omplete this pr	oject.

<u>Insurance:</u> After reviewing the issued for this grant, please an			equest for Proposals
Does the applicant have this application?	e the proper insurance	ce coverage to carry out	the project set forth in
	O No		
If not, please explain how any	deficiencies in the re	equired insurance cover	rages will be handled.
Required Signatures: Pleas which the project will o			
Grant Applicant		Date	
	<u></u>		
Land Owner 1		Date	
	<u></u>		
Land Owner 2		Date	

Land Owner 3	Date
Responsible Party for Match	Date