Submit the completed application *as a Word document* to [kelsey.rowland@ncdenr.gov](mailto:kelsey.rowland@ncdenr.gov) with *“[Your COG’s name]* 205(j) Grant Proposal” in the subject line by **Friday, September 10th, 2021**. Any signed letters of support may be scanned and included as a separate attachment.

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| **1. Basic Information** | | | | |
| **Project Title** |  | | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Project Abstract**  *Please limit abstract to the space provided.* | | | | |
|  | | | | |
| **205(j) Grant Funds Requested** | | **$** | | |
| **Match (optional, recommended)** | | **$** | | |
| **Total Project Cost** | | **$** | | |

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| ***2a.* Primary Contact or Project Manager**  *A one-page Statement of Qualifications must be provided in Item 4 to confirm that anyone designing, installing, or monitoring the proposed project is qualified to do so.* | | | | | |
| **Name** |  | | | | |
| **Title** |  | | | | |
| **Organization Name** |  | | | | |
| **Mailing Address** |  | | | | |
| **City** |  | **State** |  | **ZIP** |  |
| **Email Address** |  | | | | |
| **Telephone** |  | | **FAX No.** | |  |

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| ***2b.* Administrative Address**  *Address where contract will be mailed for signature* | | | | | |
| **Name** |  | | | | |
| **Title** |  | | | | |
| **Organization Name** |  | | | | |
| **Mailing Address** |  | | | | |
| **City** |  | **State** |  | **ZIP** |  |
| **Email Address** |  | | | | |
| **Telephone** |  | | **FAX No.** | |  |
| **Federal Tax ID Number** |  | | | | |

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| ***2c.* Payment Address**  *Address where invoice payments will be mailed* | | | | | |
| **Name** |  | | | | |
| **Title** |  | | | | |
| **Organization Name** |  | | | | |
| **Mailing Address** |  | | | | |
| **City** |  | **State** |  | **ZIP** |  |
| **Email Address** |  | | | | |
| **Telephone** |  | | **FAX No.** | |  |

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| ***3.* Project Partner Information**  *If further space is needed to adequately describe partners’ role/contribution to project, please include in the Statement of Qualifications (Item 4).* | | | |
| Organization Name |  | | |
| Organization Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |
| Organization Name |  | | |
| Organization Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |
| Organization Name |  | | |
| Organization Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |
| Organization Name |  | | |
| Organization Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |

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| ***4.* Statement of Qualifications for Project Manager and Primary Partners**  *Please include qualifications of people, not organizations. Do not copy and paste entire CVs.*  *Briefly describe relevant experience, noting any relevant 205(j) grant funded projects.* |
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| ***5.* Project Area** | |
| Results Site-Specific, Regional, or Statewide? |  |
| River Basin(s) |  |
| Need identified in Basin Plan? (Y/N; note plan name, date, pg#) |  |
| Watershed name(s) |  |
| Watershed size | square miles |
| 12-digit USGS HUC(s)  **(*For site-specific projects only*)** |  |
| County |  |

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| **6. Map of Project Area**  *Please copy map into document as a small image file.* |
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| ***7.* General Goal of the Project *(per the Clean Water Act Section 604(b)/205(j) grant purpose)*** | | | |
| Identify most cost-effective and locally acceptable facility and nonpoint source measure(s) to meet and maintain water quality standards | Develop implementation plan to obtain state and local financial and regulatory commitments to implement measures identified | Determine the nature, extent, and cause of water quality problems in various areas of the state | Other—please specify water quality planning purpose |
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| **8. Detailed Description of the Project**  *Explain how the project will fill a need. Provide detailed information about the approach/method, project outcomes, and specific project deliverables. If developing a Watershed Restoration Plan, please also complete Item 16.* |
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| **9. Photos or Diagrams *(optional)***  *Include photos or diagrams if they would supplement project narrative and improve reviewers’ understanding of your project.* |
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| **10. Related Projects in the Watershed**  *Please note any other current or recent projects in the same watershed that contribute to the same goals as the proposed project. These could be your own or partners’ related water quality planning or implementation projects.*   * *How might these projects benefit or complement the proposed project?* * *When were they completed?* * *Who implemented/maintains them?* |
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| **11. What funding sources exist to implement the results of the project?** |
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| **12. Project Milestone Schedule**  *If planning to start the project in the second quarter, the first quarter can be left blank. Please note anticipated dollar amount, percent of grant spent that quarter, and cumulative percent of grant spent for project. Quarterly invoices will only be reimbursed up to the percent indicated. Unused funds will carry forward to next quarter. Note that 10% of grant will be held until receipt of Final Project Report.* | | | | | | |
| **Quarter** | | **Activities or outputs to be accomplished** | **Anticipated funds requested** | | | |
| Quarter $ | Quarter % | Cumulative $ | Cumulative % |
| **Fiscal Year 1** | First Quarter  Jan-Mar 2022 |  |  |  |  |  |
| Second Quarter  Apr-Jun 2022 |  |  |  |  |  |
| **Fiscal Year 2** | Third Quarter  Jul-Sep 2022 |  |  |  |  |  |
| Fourth Quarter  Oct-Dec 2022 |  |  |  |  |  |
| Fifth Quarter  Jan-Mar 2023 |  |  |  |  |  |
| Sixth Quarter  Apr-Jun 2023 |  |  |  |  | ≥10% |

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| 14. 13. Funding Requested *\*If a significant portion of funding is in contractual line, please break down contractual line items in Item 14.* | | | | | | |
| Budget Categories (itemize all categories) | Section  205(j) Funds  *Please ensure consistency with Milestone funds (Item.12)* | | Section 205j Funds  Total | Non-Federal  Match (recommended, not required) | Total including match | Justification  *Include explanation for each budget line item* |
|  | Fiscal year 1  (Must equal Quarters 1&2 in Item 12) | Fiscal year 2  (Must equal Quarters 3-6 total in Item 12) |  |  |  |  |
| Personnel/ Salary |  |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Contractual\* |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Total Direct |  |  |  |  |  |  |
| Indirect (max. 10% of direct costs, per40 CFR 35.268) |  |  |  |  |  |  |
| Annual Totals |  |  |  |  |  |  |
| Grand Total |  | |  |  |  |  |
| **% of Total Budget** | % | |  | % | 100% |  |

Indirect (facilities and administrative) costs: Administrative costs include salaries, overhead, and direct or indirect costs for services provided and charged against activities and programs carried out with 205j funds. Only 10 percent of funding in a 205 j grant may be used for administrative costs.

Direct costs: Direct costs are costs directly related to accomplishing the project, and they may include administrative costs. Direct costs include personnel, the purchase of equipment, supplies, materials, contracts, and travel.

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| **14. Contractual budget *(if applicable)***  *If a significant portion of funding is in contractual line, please break down contractual line items here.* | | | | | |
| Budget Categories (itemize all categories) | Section  205(j) | | Non-Federal  Match (recommended, but not required) | Total | Justification  (Include explanation for each budget line item) |
|  | Year 1 | Year 2 |  |  |  |
| Personnel/Salary |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |
| Supplies |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Contractual |  |  |  |  |  |
| Other |  |  |  |  |  |
| Total Direct |  |  |  |  |  |
| Indirect (max. 10% of direct costs, per  40 CFR 35.268) |  |  |  |  |  |
| **Annual Totals** |  |  |  |  |  |
| **Grand Total** |  | |  |  |  |
| **% of Total Budget** | % | | % | 100% |  |

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| --- | --- |
| 15. Match summary (if applicable - recommended, but not required) | |
| Total Match amount | $ |
| Cash Match | $ |
| Source(s): |  |
| In-kind Match | $ |
| Source(s): |  |

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| **16. 9-Element Plan Sources *(only for applicants developing a 9-Element Watershed Restoration Plan)***  *Please indicate below what sources you will use to find or develop the information necessary to meet EPA’s 9 Key Elements.* | |
| 1 | An **identification of the causes and sources** or groups of similar sources that will need to be controlled to achieve needed load reductions |
|  |  |
| 2 | A **description of the NPS management measures** that will need to be implemented to achieve load reductions and other watershed goals identified in the plan |
|  |  |
| 3 | An **estimate of the load reductions** expected from the management measures |
|  |  |
| 4 | An **estimate of the amount of technical and financial assistance needed,** associated costs, and/or sources and authorities that will be relied upon to implement the plan |
|  |  |
| 5 | An **information/education component** that will be used to enhance public understanding of the project and encourage participation |
|  |  |
| 6 | A **schedule for implementing the NPS management measures** identified in the plan that is reasonably expeditious |
|  |  |
| 7 | A description of interim, **measurable milestones for determining whether NPS management measures** or other control actions are being implemented |
|  |  |
| 8 | A set of **criteria that can be used to determine whether loading reductions are being achieved** over time and substantial progress is being made toward attaining water quality standards |
|  |  |
| 9 | A **monitoring component** to evaluate the effectiveness of the implementation efforts over time, measured against the criteria established under item 8. |
|  |  |

**If you have questions or need assistance filling out this application, please do not hesitate to contact 205(j) grant administrator Kelsey Rowland at (919) 707-3679 or kelsey.rowland@ncdenr.gov.**