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| 1. ***Basic Information*** | | | | |
| ***Project Title:*** |  | | | |
| ***Project start date:*** |  | | ***Project end date:*** |  |
| ***Project Abstract:*** | | | | |
|  | | | | |
| ***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 Section 4 of the application form 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. 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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| ***4. Project Partner Information:***  *If further space is needed to adequately describe partners’ role/contribution to project, please include in the Statement of Qualifications section.* | | | |
| *Agency Name* |  | | |
| *Agency Address* |  | | |
| *Role/contribution to Project* |  | | |
| *Contact Person* |  | *Phone No.* |  |
| *E-mail address* |  | | |
| *Agency Name* |  | | |
| *Agency Address* |  | | |
| *Role/contribution to Project* |  | | |
| *Contact Person* |  | *Phone No.* |  |
| *E-mail address* |  | | |
| *Agency Name* |  | | |
| *Agency Address* |  | | |
| *Role/contribution to Project* |  | | |
| *Contact Person* |  | *Phone No.* |  |
| *E-mail address* |  | | |
| *Agency Name* |  | | |
| *Agency Address* |  | | |
| *Role/contribution to Project* |  | | |
| *Contact Person* |  | *Phone No.* |  |
| *E-mail address* |  | | |

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| ***5. 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 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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| ***6. Project Area*** | |
| Results Site-Specific, Regional, or Statewide? |  |
| River Basin |  |
| Need identified in Basin Plan? (Y/N; note plan name, date, pg#) |  |
| Watershed name |  |
| Watershed size | square miles |
| ***(For site-specific projects only)*** 12 digit USGS HUC(s) |  |
| County |  |

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| ***7. Project Milestone Schedule***  *If anticipating starting project in second quarter, can leave first quarter 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 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 $ amount / % of funding spent / cumulative % spent |
| First Quarter  Jan-Mar 2019 |  | $ / % / cumulative % |
| Second Quarter  Apr-June 2019 |  |  |
| Third Quarter  Aug-Jul - Sept 2019 |  |  |
| Fourth Quarter  Oct - Dec 2019 |  |  |
| Fifth Quarter  Jan - Mar 2020 |  |  |
| Sixth Quarter  Apr - Jun 2020 |  | 10% |

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| ***8. Map of project area:*** *Please copy map into document as a small image file.* |
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| ***9. Detailed description of the project***  *(Note: if developing a Watershed Restoration Plan, please also complete section 16)* |
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| ***10a. Related Projects in the Watershed***  *Please note any other water quality or conservation projects in the same watershed that contribute to the same goals as the proposed project. These could be own or partners’ related water quality planning or implementation projects. If few or none, note how this project will fill a need.* |
|  |
| ***10b. Relevance to Proposed Project (if applicable)***  *Help reviewers understand local capacity:*   * *How might these projects might 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. (Optional) Photos or diagrams:*** *include photos or diagrams if they would supplement project narrative and improve reviewers’ understanding of your project.* |
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| 14. 13. Funding Requested *Note: If a significant portion of funding is in contractual line, please break down contractual line items in section 15.* | | | | | |
| 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, per40 CFR 35.268) |  |  |  |  |  |
| Annual Totals |  |  |  |  |  |
| Grand Total |  | |  |  |  |
| **% of Total Budget** | % | | % | 100% |  |

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| 14. Match summary (if applicable—recommended, but not required) | |
| Total Match amount | $ |
| Cash Match | $ |
| Source(s): |  |
| In-kind Match | $ |
| Source(s): |  |

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| ***15. 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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| ***16. (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 the load reductions estimated in the watershed |
|  |  |
| 2 | A **description of the NPS management measures** that will need to be implemented to achieve load reductions as well as to achieve other watershed goals identified in the watershed based plan |
|  |  |
| 3 | An **estimate of the load reductions** expected for 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 |
|  |  |
| 6 | A **schedule for implementing the NPS management measures** identified in this 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** overtime and substantial progress is being made towards 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. |
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**If you have questions or need assistance filling out this application, please do not hesitate to contact 205(j) grant administrator Maya Cough-Schulze at (919) 807-6442 or** [**maya.cough-schulze@ncdenr.gov**](mailto:maya.cough-schulze@ncdenr.gov)**.**