

ALTERNATIVES - Have you considered any alternative designs? What were they?

SELF-SUSTAINING - Once implemented, is the project self-sustaining? Will it continue to function in the future without the aid of the PWM program?

PARTNERSHIPS - Outline the role that partnering agencies or groups will play in the implementation of your project or program. Attach letters of collaboration.

LOCAL SUPPORT - List local organizations, individuals, or user groups that have indicated support for your proposal. Attach letters of support.

EXPERIENCE - Please list examples of similar projects your group has undertaken.

PLANNING - Briefly describe the planning process used to formulate your proposal.

*****PROJECT/PROGRAM DESIGN** - Attach maps, photos, site plans, drawings, schematic designs, etc. sufficient to adequately illustrate the project. For educational programs, please include a narrative description of the program, target audience, marketing plans, program sites, etc. *******

SCHEDULE:

Project/Program will Begin:

Proposed Completion:

Additional Project Information

PROJECT/PROGRAM COST SUMMARY

Eligible Costs	Partner Share in Cash	Partner Share in In-Kind Labor	Partner Share in In-Kind Materials	Other Funding Sources	Amount Requested From MWCD	Total
Land Acquisition						
Labor						
Design and Engineering						
Special Service Contracts						
Equipment Rental						
Construction Contracts						
Materials and Supplies						
Local Match for other Grant						
Other						
Totals						

Total Funding Request from MWCD Project Assistance Program: \$ _____

Will these funds be applied over multiple calendar years? (circle one) YES NO

If funds are being requested to serve as Applicant's local match for another grant program, please attach a copy of that agreement. Date matching funds are required. _____

A full written narrative, describing how you determined the budget shown above, is required. Be sure to include cost/ benefit and /or return on investment analysis.

APPLICATION CHECKLIST - For your convenience; Please be sure that all items are checked off before submitting your application.

- Resolution of Authorization? _____
- IRS Determination Letter? * _____
- Plans, drawings, etc.? * _____
- Location map (floodplain delineated)? * _____
- Budget narrative? _____
- Copies of Federal, state, local permits? * _____
- Photos? _____
- Project officials page? _____
- Four copies? _____
- Electronic copy submitted? _____

*if applicable

Printed Name of Person Completing Application

Title

Signature

Date

Submit all Application Materials and Direct all Inquiries to:

Lynn Gilland, Administrative Specialist
Muskingum Watershed Conservancy District
2050 Reiser Ave SE
New Philadelphia, Ohio 44663
Phone: (330) 556-4817
Email: lgilland@mwcd.org

Further information may also be obtained from the PWM Grant Program page on the District website:

www.mwcd.org

Thank You for Your Interest and Commitment to Conservation in the Muskingum River Watershed!

Please include the following contact information with your application:

Name of Project

Printed Name of CEO or Highest Ranking Official

Title

Phone Number

Email

Signature

Date

Printed Name of Project Lead

Title

Phone Number

Email

Signature

Date