

MUSKINGUM WATERSHED CONSERVANCY DISTRICT "PARTNERS IN WATERSHED MANAGEMENT" DEBRIS REMOVAL PROGRAM PROJECT APPLICATION

PROJECT OR PROGRAM NAME:				
CONTACT INFORMATION:				
Agency or Group Name				
Address:	City:			
State:	Zip Code:			
Phone:	Fax:			
Primary Contact:	Title:			
Phone:	Email:			
the space below. Attach maps, photos, site plans, drawing, schematic designs, etc. sufficient to adequately illustrate the project.				

be measured? v	Who will be the primary benefactors?
LOCAL SUPPO proposal. Letter	DRT - List local organizations, individuals, or user groups that have indicated support for your s illustrating such support may be attached.
EXPERIENCE -	Please list examples of similar projects your group has undertaken.
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	SCHEDULE:	
	Project/Program Proposed to Begin:	
	Proposed Completion:	
	DRP Project	Cost Summary
Project request cannot exceed \$20,000.00 A minimum 10% cost share is required from applicant		
	Name of Project:	
Α.	Quote for project (must be attached to a	pplication)
В.	Cost Share Requirement	
	B.1 Cash contribution	
	B.2 In-kind contribution* *Labor and equipm *Documentation	
C.	Total Applicant Cost Share Amount	B.1+B.2
D.	Awardable Grant Amount (Cannot Excee	ed Quote) AB.1