## MUSKINGUM WATERSHED CONSERVANCY DISTRICT <br> "PARTNERS IN WATERSHED MANAGEMENT" <br> DEBRIS REMOVAL PROGRAM <br> PROJECT APPLICATION

PROJECT OR PROGRAM NAME:

CONTACT INFORMATION:

| Agency or Group Name |  |  |  |
| ---: | ---: | ---: | ---: |
| Address: |  | City: |  |
| State: |  | Zip Code: |  |
| Phone: |  | Fax: |  |
| Primary Contact: |  | Title: |  |
| Phone: |  | Email: |  |

Attach additional sheets as necessary to any of the sections below.

PROJECT DESCRIPTION - Please provide a brief description of your project in the space below. Attach maps, photos, site plans, drawing, schematic designs, etc. sufficient to adequately illustrate the project.

NEEDS, BENEFITS, GOALS - Why is the project needed? What are your goals and how will your success be be measured? Who will be the primary benefactors?

LOCAL SUPPORT - List local organizations, individuals, or user groups that have indicated support for your proposal. Letters illustrating such support may be attached.

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

SCHEDULE:
Project/Program Proposed to Begin: $\square$
Proposed Completion: $\square$

## DRP Project Cost Summary

Project request cannot exceed $\$ 20,000.00$
A minimum $10 \%$ cost share is required from applicant

Name of Project: $\qquad$
A. Quote for project (must be attached to application)

B.

Cost Share Requirement
B. 1

Cash contribution
B. 2

In-kind contribution*
*Labor and equipment costs
*Documentation required
C. Total Applicant Cost Share Amount

B. 1+B. 2
D. Awardable Grant Amount (Cannot Exceed Quote)


