

2024-2025 MUSTINGUMWATERSHED CONSERVANCY DISTRICT "PARTNERS IN WATERSHED MANAGEMENT" PROJECT ASSISTANCE PROGRAM APPLICATION

PROJECT OR PROGRAM NAM	ΛΕ:		
CONTACT INFORMATION:			
Agency or Group Name			
Address:		City:	
State:		Zip Code:	
Phone:		Fax:	
Primary Contact:		Title:	
Phone:		Email:	
Non-profits shall include a cop	by of their IRS Determination Letter co	onfirming S	ection 501 status.
All applicants shall include a recommitting to any matching fu		governing l	body supporting the application and
Attach additional sheets as ne	cessary to any of the sections below.		
PROJECT OR PROGRAM DESC the space below.	CRIPTION - Please provide a brief d	lescription c	of your project or program in

MWCD MISSION - Describe how your proposal promotes and supports the conservation and flood reduction aspects of the Mission of the Muskingum Watershed Conservancy District.
NEEDS, BENEFITS, GOALS - Why is the project needed? What are your goals and how will your success be measured? Who will be the primary benefactors?

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?

<u> </u>	. Attach letters of collaboration.	ır
OCAL SUPPORT - oposal. Attach let	List local organizations, individuals, or user groups that have indicated support for you tters of support.	r
PERIENCE - Pleas	se list examples of similar projects your group has undertaken.	
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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

	Partner Share in	Partner Share in In-Kind	Partner Share in In-Kind	Other Funding Sources *see below	Amount Requested From	T
Eligible Costs	Cash	Labor	Materials	see below	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)			one)	YES	NO	
*List all other sources of funding for this project and please attach a copy of those agreements.						
1. Funding Source: Amount \$			_ Copy of Agreement:			
2. Funding Source:		Am	_ Amount \$		Copy of Agreement:	
3. Funding Source:		Am	_ Amount \$		Copy of Agreement:	
4. Funding Source:		Am	_ Amount \$		Copy of Agreement:	
5. Funding Source:		Am	_ Amount \$		Copy of Agreement:	

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.

before submitting your application.	ce; Please be sure	e that all items are che	cked off
Resolution of Authorization? IRS Determination Letter?* Plans, drawings, etc.? * Location map (floodplain delineated)?* Budget narrative? Copies of Federal, state, local permits?* Photos? Four copies? Floatronic copy submitted?			
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!

lease 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