



Nonpoint Source Implementation Strategy (NPS-IS) Development Fund

Application

Thank you for your interest in applying for MWCD's NPS-IS Development Fund. We are thrilled to receive your proposal. Please complete the following application. For questions or comments, please reach out to, Rome Marinelli, Watershed Coordinator, via email at Rmarinelli@MWCD.org.

APPLICANT INFORMATION

Watershed Name (HUC 12):		12-Digit HUC:	
Organization (applying):			
Project Representative:			
Contact Number:		Email:	
Mailing Address:			
City:		Zip:	
Federal Unique Entity Identifier (UEI):		Federal Tax Identification #:	

PROJECT INFORMATION

Total Funds Requested:	\$	Matching Funds:	\$	Type:
Watershed County(s):				
Watershed Township(s):				
Watershed Municipality(s) / Village(s) / Town(s):				
Watershed Drainage Size (in acres):		Watershed Population (approx.):		
Overall Condition of the HUC 12:				
Number of Watershed Impairments:		Watershed TMDL (Y/N, list):		
List Impairments:				
Does the Watershed Contain a MWCD Reservoir (Y/N):		Does the Watershed Drain to a MWCD Reservoir (Y/N):		
Does the Watershed Serve as a Public Drinking Water Source (surface water source only) (Y/N):				
List the Public Drinking Water Serviced Communities:				

PROJECT NARRATIVE *(For this section, please provide a response for each question)*

List identified priority project(s), location(s), partner(s), goal(s) as well as any project(s) actively being developed.

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Stakeholder Involvement (Y/N):		Number of Stakeholders:	
List all Stakeholders:			

If subcontracting with a consultant, describe the details of the contract and scope of services to include the organization, what they are expected to provide (e.g., modeling, mapping, accumulating/summarizing data, highlighting critical areas, outreach, meeting support, etc.), your relationship with this organization, and any other pertinent information. If scope of services is available, please attach.

Provide a budget summary to include an itemized breakdown and a justification for the funds being requested.

APPLICANT AUTHORIZATION

Authorized Individual Name:		Title:	
Authorized Individual Signature		Date:	

APPLICATION CHECKLIST:

- Cover Letter
- Resolution from Governing Board (as applicable)
- Tax Determination Letter/Documentation
- Letter(s) of Support
- Additional Supporting Document(s) (ex. Scope of services by engineering firm, etc.)
- Signed & Completed Application

*Thank you again for applying to our NPS-IS Development Fund. Please submit any inquiries as well as completed, signed applications via email (in **PDF** format) or via mail to:*

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