

# Oregon Section 319 Grant Proposal Form

## I. Proposal Title

## II. Contact Information

Primary contact person:

Organization/position:

Street address:

City, State, ZIP:

Day phone:

Fax:

Email:

Secondary contact person:

Organization/position:

Street address:

City, State, ZIP:

Day phone:

Fax:

Email:

Signature of Applicant: \_\_\_\_\_

Date of signature:

## III. Project Location

1. Town(s), County:

2. Basin or watershed name:

HUC: **(12 digit code required, if needed, please refer to Oregon 12 digit HUC list)**

River    Stream    Lake/Pond    Estuary    Groundwater    Other

3. Is this project part of a Total Maximum Daily Load (TMDL), Drinking Water Source Protection (DWSP) or Groundwater Management Area (GWMA) effort?    Yes    No

If yes, name:

4. Map and spatial location information. All proposals must be accompanied by a map showing the project location in sufficient detail that it can be easily located by individuals unfamiliar with the area.

Map of project area is attached?    Yes    No

## **IV. Project Background**

Include a general description of Project as follows:

1. Project goals and objectives

2. Project partners, including the source of matching funds

3. Describe the proposed project including: the general location (municipalities, drinking water source area, and/or watershed); water quality impairment(s); causes or sources of water quality impairment(s); proposed management activities, e.g., education, technical assistance; goal(s) of the project

4. How you will demonstrate success?

## **V. Watershed Plan/Area-wide Strategy**

Include list of tasks to be accomplished and project implementation schedule. Please include reference for implementing a watershed basin or area-wide strategy from Section B of this application.

## **VI. Desired Environmental Outcomes**

Please provide a concise statement of: 1) the expected environmental outcome(s) that this project would likely achieve; and 2) how these outcomes will be measured

## VII. Phasing Considerations

Certain watershed restoration projects may be designed to anticipate future phases of work. If additional phases of the project are anticipated beyond this grant project time period, briefly describe the goal of each phase in 200 words or less.

## VIII. Estimated cost, including sources of Matching Funds Project Cost

Please provide an estimate of your proposed funding requirements.

1. The minimum information to provide consists of:
  - a. §319 funds requested
  - b. Minimum match to be included (the required match is calculated by multiplying the requested amount of §319 funds requested by 2/3). Additional match is welcome.
  
2. The Budget for all projects must provide, at a minimum, the details shown in Table 3 below. DEQ encourages you to contact the appropriate DEQ staff listed in Table 2, as you prepare the budget.

**Table 3. Sample budget**

Type of expense reimbursement	NPS Funds	Match Funding (non-federal)	Total
Personal Services			
Personal Services			
Subcontracts			
Service/Supplies			
Service/Supplies			
Travel			
Equipment			
Equipment			
<b>Subtotal</b>			
Select ONE: Up to 10% of <b>Modified Total Direct Cost</b> , or <b>MTDC</b> of the total of all direct costs of the project <b>Or</b> Indirect Cost Plan rate %			
<b>Total</b>			

- Applicants and grant recipients should be aware that the EPA §319 Grant funds require a 40% match in non-federal funds. Match can be in the form of cash or in-kind contributions from your organization or project partners. Please list your expected project partners and proposed sources of matching funds