



APPLICATION FOR SECTION 319 NONPOINT SOURCE MANAGEMENT PROGRAM GRANT

State Form 49367 (R6 / 3-20)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM USE ONLY
Federal fiscal year (FFY)
Application number
Date received (month, day, year)

- INSTRUCTIONS:**
1. **Read the application instructions carefully before completing this form.**
 2. E-mail an electronic copy of the completed application and letters of commitment by the deadline to NPSGRANTS@idem.in.gov
 3. Limit your response to the space within this form. Do not attach additional pages of narrative. Do not change the font size.

A. APPLICANT INFORMATION

1. Name of project	
2. Name of sponsoring organization	
3. Sponsor address (number and street, city, state, and ZIP code)	4. Sponsor organization type (check one) <input type="checkbox"/> Municipality <input type="checkbox"/> County government <input type="checkbox"/> University <input type="checkbox"/> State government <input type="checkbox"/> Nonprofit 501(c)(3) <input type="checkbox"/> Federal government
5. Sponsor taxpayer identification number	6. DUNS Number
	7. SAM Registration Active? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. PROJECT CONTACT INFORMATION

1. Primary contact		6. Project coordinator (if different than primary contact)	
2. Address and affiliation		7. Address and affiliation	
3. Telephone number ()	4. FAX number ()	8. Telephone number ()	9. FAX number ()
5. E-mail address		10. E-mail address	

C. PROJECT OVERVIEW

1. Is any part of the proposed project in a Municipal Separate Storm Sewer System (MS4) area (as defined in 327 IAC 15-13)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I have read the application instructions regarding the use of Section 319 funds in these areas and will abide by the federal restrictions. <i>If yes, list the names of the MS4 Communities.</i>	
2. Section 319 funds requested (must be 60% of total project cost): \$ Match funds (cash/in-kind services – 40% of total project cost): \$ Total project cost: \$ <i>Budget amounts must match the attached "Budget For Section 319 Application" sheet.</i>	3. Proposed project start date (month, day, year) 4. Proposed project end date (month, day, year)
5. Nonpoint source activities addressed by project (Check the applicable project type and provide additional information as requested):	
<input type="checkbox"/> a. Developing a watershed management plan <input type="checkbox"/> Watershed has an approved TMDL Title of TMDL: <input type="checkbox"/> Watershed includes waterbodies in Category 5A on the 303(d) List of Impaired Waterbodies	<input type="checkbox"/> b. Implementing a watershed management plan that meets (or will soon meet) IDEM's WMP Checklist <input type="checkbox"/> 2009 Checklist <input type="checkbox"/> 2003 Checklist Title of watershed management plan: Approval/anticipated approval date of plan: <input type="checkbox"/> Watershed has an approved TMDL Title of TMDL:
6. Watershed name(s)	
7. Watershed Hydrologic Unit Code(s)	
8. Names of major waterbodies within the project watershed	
9. Counties and states within the project watershed	

D. WATER QUALITY PROBLEM(S)

1. *List Assessment Unit ID(s), Assessment Unit Name, and Cause of Impairment for waterbodies within the project watershed as listed on the 303(d) List of Impaired Waterbodies, Category 4A and Category 5A:*

2. *Describe the water quality problem(s) that you will address with this project, including the nonpoint source water pollution parameters and possible sources of the water quality problem. Include a description of the land use, human activities, ecosystem characteristics, or other appropriate information that will help explain the problem(s). Also include references to any reports, water quality studies, or data that support your assessment of the water quality problem.*

Sample

(Continue on next page.)

D. WATER QUALITY PROBLEM(S) *continued*

2. WATER QUALITY PROBLEM (*continued*):

E. PROJECT APPROACH TO SOLVING THE PROBLEM

1. APPROACH: *Provide a general overview of the proposed project. Your overview should include a description of the goals of the project (what you hope to achieve), and how the project will result in improved water quality. Discuss who will be included in planning and decision making. If this project is implementing a Watershed Management Plan (WMP), identify the critical areas where the best management practices (BMPs) will be implemented, and provide an estimate of the pollutant load reductions expected. If this project is to continue implementing a WMP, describe the progress made so far toward meeting the goals of the WMP.*

(Continue on next page.)

1. APPROACH *(continued)*:

Sample

E. PROJECT APPROACH TO SOLVING THE PROBLEM (continued)

2. TASKS: List and describe in detail all the tasks that will be completed by this project. Include quantified products/deliverables produced by each task along with the anticipated quarter(s) in which they will be completed. List tasks by letter and correlate them to the budget. See application instructions for more information on drafting tasks.

Sample

H. FUTURE ACTIVITIES

1. *List future activities planned or anticipated after the completion of this project. If additional 319 funding will be sought beyond this project application, describe how it will be used to build on prior work in reducing nonpoint source pollution. If applicable, describe any strategies that will be used to achieve the long term goals of a watershed management plan.*

Sample

I. BUDGET FOR SECTION 319 APPLICATION

TASKS	Grant-Funded Expenses										Non-Federal match		
	Personnel/ Fringe	Admin. *	Travel	Equipment	Supplies	Contractual	Cost-Share	Other	TOTAL 319 **	Cash	In-kind	TOTAL MATCH **	
Task A									0.00			0.00	
Task B									0.00			0.00	
Task C									0.00			0.00	
Task D									0.00			0.00	
Task E									0.00			0.00	
Task F									0.00			0.00	
Task G									0.00			0.00	
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

*Administrative expenses are limited to 5% of the total 319 funds.

**Total 319 Expenses and Total Match must match the funds requested on Page1 of the application form.

ITEMIZED EXPENSES – (Describe the items, services, or expenses associated with each line item for EACH TASK.)

1. Personnel/Fringe:
2. Administrative:
3. Travel:
4. Equipment:
5. Supplies:
6. Contractual:
7. Other:
8. Sources of Cash Match and estimated amount:
9. Sources of In-Kind Match and estimated amount:

J. PROJECT AUTHORIZATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this application are true, accurate, and complete. I understand that, if funded, the contents of this application will be used to draft a grant agreement between the Indiana Department of Environmental Management and the Sponsoring Organization as a mechanism for executing the grant project.

Signature of Sponsoring Organization's Authorized Representative

Date (*month, day, year*)

Typed Name of the Representative:

Title of the Representative:

E-mail address of the Representative:

Sample