# Form A: Required Applicant and Project Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Project Title | | | | | | | | | | | | | | | |
| Project Title | | |  | | | | | | | | | | | | |
| 2a Applicant Information | | | | | | | | | | | | | | | |
| Organization | | |  | | | | | | | | | | | | |
| Contact Name | | |  | | | | | | | | | | | | |
| E-mail | | |  | | | | | | | Phone | |  | | | |
| Street address | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2b Signature of Applicant **(REQUIRED)** | | | | | | | | | | | | | | | |
| Authorized Agent Signature | | | | | |  | | | | | | | | Date |  |
| Name | | | | | |  | | | | | | | | | |
| Title | | | | | |  | | | | | | | | | |
| 3. Grant Application Category Amount Requested (fill in all that apply) | | | | | | | | | | | | | | | |
| Bay and Watershed Restoration Fund – NPS & SW- Governmental | | | | | | $ | | | | | | | | | |
| Bay and Watershed Restoration Fund – NPS & SW- Nongovernmental | | | | | | $ | | | | | | | | | |
| Bay and Watershed Restoration Fund – Flood Prevention & Mitigation | | | | | | $ | | | | | | | | | |
| Nonpoint Source Pollution-319 | | | | | | $ | | | | | | | | | |
| Total Grant Amount Requested | | | | | | $ | | | | | | | | | |
| **4. Project Management**  Same as above (2a)  (List the person(s) responsible for managing this project) | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | |
| Title |  | | | | | | | Organization (if different from 2a) |  | | | | | | |
| Email |  | | | | | | Phone |  | | | Fax | |  | | |
| Street Address | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 5. Project Location Site specific  Larger project area | | | | | | | | | | | | | | | |
| Street address or description of project area | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name(s) of targeted waterbody/waterbodies | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Targeted –Integrated Report List Status: Category 4A  Category 5  Other | | | | | | | | | | | | | | | |
| Integrated Report - Listed impairment targeted by project: Pathogen  Nutrient  Dissolved Oxygen  Impaired Biodiversity  Other (List Parameter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 6. Source of Match | | | | | | | | | | | | | | | |
| Applicant’s Funds  Third Party Funds  In-kind Services | | | | | | | | | | | | | | | |
| Please Attach Project Location Map | | | | | | | | | | | | | | | |

**Form B: Budget Detail**

**Table A: Project Tasks1, Deliverables, Schedule, and Estimated Costs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Task # | Description and Task | Deliverables | Schedule2 | Requested Amount | Non-federal Match | Total Task Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | | Totals |  |  |  |

1. Tasks must include progress and final reports.

2. Please express as the month number in which the task is expected to be completed from start of project (i.e., Month 2)

**Table B: Project Costs by Budget Category**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Category | | | | | | Requested Grant Amount | Match Amount | Total Cost of Category |
| 1. Salary and Fringe1 | | | | | | | | |
| Name | Title | Salary | Percent Time Charged to Project | Fringe (as percent of salary) | Total Salary Cost |  | | |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 2. Indirect Costs2 | | | | | | | | |
|  | | | | | |  |  |  |
| 3. Supplies3 | | | | | | | | |
|  | | | | | |  |  |  |
| 4. Equipment4 | | | | | | | | |
|  | | | | | |  |  |  |
| 5. Travel and Training5 | | | | | | | | |
|  | | | | | |  |  |  |
| 6. Contractual6 | | | | | | | | |
|  | | | | | |  |  |  |
| 7. Construction7 | | | | | | | | |
|  | | | | | |  |  |  |
| 8. Other8 | | | | | | | | |
|  | | | | | |  |  |  |
| Totals | | | | | |  |  |  |
| To request reduced match, enter the reduced match in the non-federal match column in this row. (no less than 25% of total projects costs required) | | | | | |  |  |  |

Specify sources of match: Amount from other federal sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount from non-federal sources: ­ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Include salaries and fringe benefits paid for work performed on the project. “Salary” should include the rate per hour by position. “Fringe benefits” are employment benefits given in addition to wages or salary, such as health, retirement, etc. Grant funds are typically not used to pay municipal employee’s salaries; these expenses should be used as match.

2. Indirect can only be charged by those entities that have negotiated an indirect rate with the State of RI in

advance.

3. Includes expendable items, such as office, field and lab supplies, film, postage, equipment costing less than

$1,000, books, etc

4. Includes any items of equipment costing more than $1,000.

5. Includes transportation costs incurred during work, such as tolls, costs of using vehicle (vehicle costs =

number of miles x mileage rate)

6. Includes procured services not provided by grantee, such as consultants, engineering and design services, etc. You must identify tasks and outputs for each contractor. If contractual work has not yet been bid, provide estimated costs.

7. Includes costs associated with construction of BMPs, including permit fees.

8. Includes costs not described by previous categories.

NOTE: Please read section 6 carefully to understand how to calculate the required match for your proposal.