

**319(h) Grant Proposal E-Form Application**

**Submittal Deadline: 5:00 PM, February 14, 2024**

**WQP Email Received, Stamped Received OR Postmarked**

***NOTE REGARDING FILL FIELDS SHADED YELLOW: ENTER F1 FOR FILL FIELD HELP.***

***REFERENCE THE APPLICATION\E-FORM INSTRUCTIONS FOR ADDITIONAL GUIDANCE.***

Project Title:

Primary Contact Person:

**1. PROPOSAL SUMMARY**

Lead Agency Organization:

Organization UEI Number:

|  |  |
| --- | --- |
| Contact Person’s Email Address: | |
| Contact Person’s Mailing Address: | |
| City |  |
| State |  |
| Zip |  |
| Contact Person’s Phone: | |
| Land Line |  |
| Mobile |  |
| Fax |  |

Project Fiscal Summary:

319(h) funds requested $

Total amount of non-federal match funds $

(Cash + Inkind: Must be at least 50% of Total Project Cost.)

Total Project Cost $

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Applicant is one of the following:

Federal, State, local, tribal Government

Interstate, Intrastate public agency

Public nonprofit organization

Private nonprofit organization

Educational Institution

Project Type: Planning  or Implementation

Has a Determination of Eligibility been provided by Water Quality Planning Staff, and determined Eligible?

Yes

No

Project Location Information:

Watershed(s) Name:

1st County:  Other Counties      Statewide

Nevada 8-Digit Hydrologic Unit Code(s) & Catalog Name(s):

Additional HUCs

HUC(s) Unknown

USGS Hydrographic Region (Check all that apply)

Carson River

Colorado River/Las Vegas Wash

Humboldt River

Lake Tahoe

Truckee River

Walker River Latitude:

Other Longitude:

Type and Name of Waterbody(ies) Affected:

Waterbody Type:  Waterbody Name:

Waterbody Type: Waterbody Name:

Waterbody Type: Waterbody Name:

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(If applicable, submit a map of the project area in a portable document format, attached as a separate file to this proposal.)

Project Summary (150 word limit). State the non-point water quality problems to be addressed, the project’s goals and objectives, provide a project overview, and describe the methods proposed to address the problem:

Project Objectives:

Project Overview:

Project Methods:

NPS Categories of Pollution: % *TOTAL PERCENT MUST = 100*

%

%

%

Estimated Pollutant Reductions: (or NA if not known because this is an initial planning proposal):

Phosphorus lbs/yr

Sediment Tons/yr

Nitrogen lbs/yr

Other lbs/yr       Other Pollutant Description:

Describe how pollutant load reduction estimates were calculated:

PLET Model  Other

If Other is selected above, explain load reduction calculation method:

Project Timeline:

Anticipated Project Start Date: Click or tap to enter a date.

Anticipated Project Completion Date: Click or tap to enter a date.

Project Partners: Provide information (Including primary contact information) for any partners involved with the project. Attach Letters of Committment separately.

**2. SCOPE OF WORK (WORKPLAN)**

Introduction and Problem Statement.

Name of applicable Watershed Based Plan and/or TMDL Implementation Plan the proposed project will implement:  N/A (if this is an initial planning proposal)

Watershed Plan: TMDL:

Other:

Goals:

Tasks: If additional space is required to adequately describe the proposed project tasks, check below under Item 8 – Supplemental Information. Up to four additional pages of tasks may be included and attached separately.

**3. PROJECT EVALUATION**

Measures of Success:

Monitoring and Maintenance Program:

**4. PROJECT SCHEDULE**

Include key dates for completion of major tasks to be accomplished and submittal of associated deliverables:

**5. CONTINGENCY PLAN**

Describe alternative actions to be taken if the project cannot be completed as originally proposed:

**6. PROJECT BUDGET DETAIL**

*Provide project budget detail by attaching a separate budget document in the proposal submittal email.*

*Use Microsoft Excel spreadsheet format.*

**7. RESULTS OF PRIOR SUPPORT**

**8. CURRENT AND PENDING SUPPORT**

**9. REFERENCE DOCUMENTS AND CITATIONS**

**10. SUPPLEMENTAL INFORMATION**

Submit electronically the following documents in Microsoft Word and/or Excel format or portable document format. Check those that apply and which will be submitted concurrently with this proposal. Items in **bold** are required to be submitted:

**Project Location Map**

Project Partner(s) Letters of Support

Project Partner(s) Letters of Commitment (To provide inkind or cash match)

Negotiated Indirect Cost Rate Documentation

Project Tasks, Additional Detail (3 pages maximum, 8.5” x 11”, 10 pt font minimum)

**Project Budget Detail (Excel Format)**

***For Agency Use (BWQP) Only:***

Received by: Reviewed by:

Date Received: Click or tap to enter a date.

Determination of Eligibility:

Eligible

Ineligible

Additional information required to make determination:

Yes

No

Request for Additional Information, Date: Click or tap to enter a date.

Notice of Determination, Date: Click or tap to enter a date.

Notes: