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

Refer to 319(h) 2019 Grant Funding Opportunity

[**https://ndep.nv.gov/water/rivers-streams-lakes/nonpoint-source-pollution-management-program/cwa-319h-grants**](https://ndep.nv.gov/water/rivers-streams-lakes/nonpoint-source-pollution-management-program/cwa-319h-grants)

**Submittal Deadline: 5:00 PM, August 23, 2019**

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

*ENTER* ***F1*** *FOR FILL FIELD HELP.*

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

Project Title:

Primary Contact Person:

**1. PROPOSAL SUMMARY**

Lead Agency Organization:

Organization DUNS Number:

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

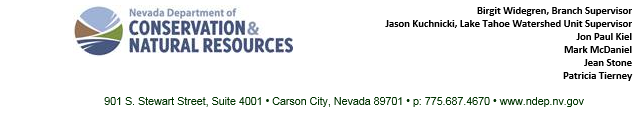
Project Fiscal Summary:

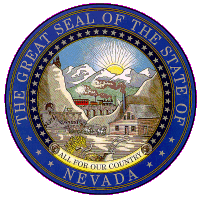
319(h) funds requested $

Total amount of non-federal match funds $

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

Total Project Cost $





#### Birgit Henson, Branch Supervisor

**Jason Kuchnicki, Lake Tahoe Watershed Unit Supervisor**

**Jon Paul Kiel**

**Ed Skudlarek**

**Jean Stone**

**Mary Kay Wagner**

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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:

Has a 319(h) Pre-Application Determination of Eligibility been provided

by Water Quality Planning, 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:

Phosphorus lbs/yr

Sediment Tons/yr

Nitrogen lbs/yr

Other lbs/yr       Other Pollutant Description:

Describe how pollutant load reduction estimates were calculated:

STEPL Model  Region 5 Model  Other

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 Support and/or Committment separately.

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

Introduction and Problem Statement.

Name of applicable Watershed Plan and/or TMDL:  N/A

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 three 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**

Table A: Project Costs by Budget Category:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Rate** | **319(h) Funds** | **Cash Match** | **Inkind Match** | **Total Budget** |
| Salaries | Hourly |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
| Fringe Benefits | % of Salaries |  |  |  |  |
| Fringe Benefits for salaried employees |  | $ | $ | $ | $ |
| Operating | Actual Cost |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
| Travel | State Rate |  |  |  |  |
|  |  | $ | $ | $ | $ |
| IDC | % of TDC |  |  |  |  |
|  |  | $ | $ | $ | $ |
| Equipment | Actual Cost |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
| Subcontract | Actual Cost |  |  |  |  |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
| Totals: |  | **$** | **$** | **$** | **$** |

Table B: Total\* Project Costs by Task

\*319(h) Funds + Cash Match + Inkind Match

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Budget Category** | | | | | | | |
| **Salaries** | **Fringe Benefits** | **Operating** | **Travel** | **IDC** | **Equipment** | **Subcontract** | **Other** |
| Project Task |  |  |  |  |  |  |  |  |
| A. Grant Administration: Reporting, Invoicing, Preparation of Final Project Report | $ | $ | $ | $ | $ | $ | $ | $ |
| B. | $ | $ | $ | $ | $ | $ | $ | $ |
| C. | $ | $ | $ | $ | $ | $ | $ | $ |
| D. | $ | $ | $ | $ | $ | $ | $ | $ |
| E. | $ | $ | $ | $ | $ | $ | $ | $ |
| F. | $ | $ | $ | $ | $ | $ | $ | $ |
| G. | $ | $ | $ | $ | $ | $ | $ | $ |
| H. | $ | $ | $ | $ | $ | $ | $ | $ |
| I. | $ | $ | $ | $ | $ | $ | $ | $ |
| J. | $ | $ | $ | $ | $ | $ | $ | $ |
| Total Cost by Category: | $ | $ | $ | $ | $ | $ | $ | $ |
| Total Project Cost: | | | | | | | | $ |

Explain “Other” Budget Category:Click here to enter text.

**7. REFERENCE DOCUMENTS AND CITATIONS**

**8. 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: