



APPLICATION FOR COASTAL AWARENESS MONTH GRANT

State Form 54690 (7-11)

INDIANA LAKE MICHIGAN COASTAL PROGRAM

COASTAL GRANTS PROGRAM



Before You Begin – Please Read the Grant Funding Guidance

1. Project Title	
Project is best characterized as: ☐ PUBLIC EVENT ☐ EDUCATION/OUTREACH MATERIALS ☐ OTHER (<i>describe</i>):	
2. Organization applying:	
Select Type of Organization: Unit of local government	
3. Contact Information	
Name	
Address (<i>number and street, city, state, and ZIP code</i>)	
Telephone number () -	E-mail address
4. County where project is located: (<i>select all that apply</i>) County 1 County 2 County 3	
Project Cost:	
5. LMCP Share (<i>maximum \$2,000</i>) \$	
6. Applicant Share: \$	
TOTAL:	
7. Brief Summary of the Project, include project goals, describe the intended audience, roles of project partners and public outreach strategy:	
8. Attachment A: Project Tasks, Timeline, and Deliverables a. Complete the Project Timeline Form (1 – 1 ½ page maximum)	



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9. Project Budget

Provide an estimated breakdown of the proposed project budget using the following table

CATEGORY	LMCP REQUEST	MATCH: CASH	MATCH: IN-KIND	TOTAL
Personnel				
Fringe				
Travel				
Supplies				
Contractual				
Construction				
Equipment (>\$5,000)				
Signage				
Other				
Totals				

10. Budget Description

- Describe the use of FEDERAL FUNDS REQUESTED.
- Describe the commitment/source of NONFEDERAL matching funds.

Acceptance of the terms of the Grant Guidance,

I have read and accept the terms of the Lake Michigan Coastal Grants Program Grant Funding Guidance.

Signature

Date (month, day, year)



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ATTACHMENT A: PROJECT TIMELINE

Project Title		
Applicant:		
Project Type:		
Project Summary:		
Project Timeline		
Start Date (month, day, year)	- End Date (month, day, year)	
<u>TASK ONE: Project Implementation</u>		
Timeline Start Date (month/year) - End Date (month/year)		
1. Attend start-up meeting with LMCP Program Specialist		
2.		
3.		
4.		
<u>TASK TWO: Public Outreach</u>		
Timeline Start Date (month/year) - End Date (month/year)		
1.		
2.		
3.		
<u>TASK THREE: Administration</u>		
Timeline Start Date (month/year) - End Date (month/year)		
1. Submit Quarterly Progress and Financial Reports to LMCP Program Specialist		
2.		
3.		
Work Product		
1.		
2.		
3.		
BUDGET		
	Federal	Local Share
Contractual	\$	\$
Total	\$	\$