



# APPLICATION FOR SECTION 205j WATER QUALITY PLANNING PROGRAM GRANT

State Form 53970 (R5 / 6-26)  
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](mailto:NPSGRANTS@idem.in.gov)

### 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)<br><input type="checkbox"/> Municipality<br><input type="checkbox"/> State government<br><input type="checkbox"/> Federal government<br><input type="checkbox"/> County government<br><input type="checkbox"/> Other public organization<br><input type="checkbox"/> Regional planning commissions |
| 5. Sponsor taxpayer identification number                         | 6. UEI Number  |
|   | 7. SAM Registration Active? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

### B. PROJECT CONTACT INFORMATION

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

### C. PROJECT OVERVIEW

|  |   |
|--|---|
| 1. Is any part of the proposed project in a <u>Municipal Separate Storm Sewer System (MS4)</u> area (as defined in 327 IAC 15-13)?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> I have read the application instructions regarding the use of Section 205j funds in these areas and will abide by the federal restrictions.<br><br><i>If yes, list the names of the MS4 Communities.</i>   |   |
| 2. Section 205 funds requested<br>\$   | 3. Proposed project start date (month, day, year) |
|  | 4. Proposed project end date (month, day, year)   |
| 5. Nonpoint source activities addressed by project: (Check all that apply and provide additional information as requested.)<br><input type="checkbox"/> Planning in a watershed with an approved TMDL<br><input type="checkbox"/> Planning in a watershed that includes waterbodies in Category 5A on the 303(d) List of Impaired Waterbodies<br><input type="checkbox"/> Statewide planning to address water quality issues<br><br>Title of approved TMDL in project watershed (if applicable):<br>Title of watershed management plan in project watershed that meets or will meet IDEM's checklist (if applicable):<br><br>Approval date (month, day, year) of watershed management plan in project watershed that meets IDEM's checklist (if applicable): |   |
| 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 TO BE ADDRESSED BY PROJECT**

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. If you run out of space, include additional impairments in an attachment.*

2. *Describe the water quality problem(s) that you will address with this project, including the nonpoint source water pollution parameters and possible sources. 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, studies, or data that support your assessment of the water quality problem(s).*

**D. WATER QUALITY PROBLEM TO BE ADDRESSED BY PROJECT (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.*

1. APPROACH *(continued)*:

**E. PROJECT APPROACH TO SOLVING THE PROBLEM (continued)**

2. TASKS AND SCHEDULE: *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.*



#### 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.

**I. BUDGET**

**Section 205 Grant-Funded Expenses**

| <b>TASKS</b>        | <b>Personnel / Fringe</b> | <b>Admin.*</b> | <b>Travel</b> | <b>Equipment</b> | <b>Supplies</b> | <b>Contractual</b> | <b>Other</b> | <b>Total 205 **</b> |
|---------------------|---------------------------|----------------|---------------|------------------|-----------------|--------------------|--------------|---------------------|
| Task A              |                           |                |               |                  |                 |                    |              |                     |
| Task B              |                           |                |               |                  |                 |                    |              |                     |
| Task C              |                           |                |               |                  |                 |                    |              |                     |
| Task D              |                           |                |               |                  |                 |                    |              |                     |
| Task E              |                           |                |               |                  |                 |                    |              |                     |
| Task F              |                           |                |               |                  |                 |                    |              |                     |
| Task G              |                           |                |               |                  |                 |                    |              |                     |
| <b><u>TOTAL</u></b> |                           |                |               |                  |                 |                    |              |                     |

**ITEMIZED EXPENSES (Describe in detail the items, services, or contract expenses associated with this project.)**

1. Personnel / Fringe:

2. Administrative:

3. Travel:

4. Equipment:

5. Supplies:

6. Contractual:

7. Other:

\* Administrative expenses are limited to 5% of the total 205 funds

\*\* Total 205 Expenses must match "Section 205 Funds Requested" on Page 1. Total cells do not autocalculate, click inside the cell and press F9.

**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 contractual agreement as a mechanism for executing the grant project.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

X

\_\_\_\_\_  
Signature of Sponsoring Organization's Authorized Representative

\_\_\_\_\_  
Date (month, day, year)

Typed Name of the Representative:

Title of the Representative: