Reset Form

APPLICATION FOR SECTION 319 NONPOINT SOURCE MANAGEMENT PROGRAM GRANT

State Form 49367 (R9 / 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*
3. *Limit your response to the space within this form. Do not attach additional pages of narrative. Do not attempt to change the form.*

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)*
☐ Municipality ☐ County government ☐ Watershed Development Commission
☐ University ☐ State government
☐ Nonprofit 501(c) ☐ Federal government

5. Sponsor taxpayer identification number

6. UEI Number

7. SAM Registration Active? ☐ Yes ☐ 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 Municipal Separate Storm Sewer System (MS4) area (as defined in 327 IAC 15-13)?

☐ No
☐ Yes
☐ I have read the application instructions regarding the use of Section 319 funds in these areas and will abide by the federal restrictions.

If yes, list the names of the MS4 Communities.

2. Section 319 funds requested: $ 0.00
Match funds *(cash/in-kind services)*: $ 0.00
Total project cost: $ 0.00

Budget amounts will auto-populate from Section I.

3. Proposed project start date (*month, day, year*)

4. Proposed project end date (*month, day, year*)

5. Nonpoint source activities addressed by project (*Check the applicable project type and provide additional information as requested*):

☐ **a. Developing a watershed management plan**

☐ Watershed has an approved TMDL
Title of TMDL:

☐ Watershed includes waterbodies in Category 5A on the 303(d) List of Impaired Waterbodies.

☐ **b. Implementing a watershed management plan that meets (or will soon meet) IDEM's WMP Checklist or an IDEM/EPA approved alternative plan**

☐ WMP: ☐ 2024 Checklist ☐ 2009 Checklist ☐ 2003 Checklist
or
☐ Alternative Plan; Program Name:

Title of plan:
Approval/anticipated approval date of plan:
☐ Watershed has an approved TMDL
Title of TMDL:

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(S)

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 of the water quality problem. 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, water quality studies, or data that support your assessment of the water quality problem.*

(Continue on next page.)

D. WATER QUALITY PROBLEM(S) *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. If this project is implementing a Watershed Management Plan (WMP), identify the critical areas where the best management practices (BMPs) will be implemented, and provide an estimate of the pollutant load reductions expected. If this project is to continue implementing a WMP, describe the progress made so far toward meeting the goals of the WMP.*

(Continue on next page.)

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

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.

F. PARTNERS

1. *List partners that have provided a written commitment to the project and describe how or what they will contribute. Submit electronic letters of commitment from these partners that describe their commitment of time, money, activities, or other specified resources for the project. If there are more partners than the space allows, you may submit an appendix to the application.*

Name of partner	Type(s) of commitment to project success

G. OUTCOMES AND MEASURES OF SUCCESS

1. *List the specific outcome(s) of your project and how you will measure success through administrative achievements, environmental/water quality benefits, and/or social or behavioral changes. Measures may include identifying changes in land use, calculating pollutant load reductions, measuring success of outreach efforts, monitoring water quality improvements, and assessing habitat improvement (see instructions).*

I. Project outcome:

Measure of success:

II. Project outcome:

Measure of success:

III. Project outcome:

Measure of success:

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 FOR SECTION 319 APPLICATION

	Grant-Funded Expenses									Non-Federal match		
TASKS	**Personnel/ Fringe**	**Admin. ***	**Travel**	**Equipment**	**Supplies**	**Contractual**	**Cost-Share**	**Other**	**TOTAL 319 ****	**Cash**	**In-kind**	**TOTAL MATCH ****
Task A									$ 0.00			$ 0.00
Task B									$ 0.00			$ 0.00
Task C									$ 0.00			$ 0.00
Task D									$ 0.00			$ 0.00
Task E									$ 0.00			$ 0.00
Task F									$ 0.00			$ 0.00
Task G									$ 0.00			$ 0.00
TOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

*Administrative expenses are limited to 5% of the total 319 funds.

**Total 319 Expenses and Total Match must match the funds requested on Page1 of the application form. Total 319 funds requested may cover 60% of the total project cost, with the remaining 40% required as match. For projects developing a new watershed management plan only, 319 funds may cover 80% of the total project cost, with the remaining 20% required as match.

ITEMIZED EXPENSES – (Describe the items, services, or expenses associated with each line item for EACH TASK.)

1. Personnel/Fringe:
2. Administrative:
3. Travel:
4. Equipment:
5. Supplies:
6. Contractual:
7. Other:
8. Sources of Cash Match and estimated amount:
9. Sources of In-Kind Match and estimated amount:

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 grant agreement between the Indiana Department of Environmental Management and the Sponsoring Organization 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 Authorized Representative of Sponsoring Organization | Date *(month, day, year)*

Typed Name of the Representative:

Title of the Representative:

E-mail address of the Representative: