

**LAKE MICHIGAN COASTAL PROGRAM PRE PROPOSAL**

State Form 54757 (R12 / 8-22)
 INDIANA LAKE MICHIGAN COASTAL PROGRAM
 COASTAL GRANTS PROGRAM

**Instructions:**

1. Read the Pre Proposal guidance before completing this form.
2. Application must be limited to the four (4) pages of this form, plus optional three (3) pages of attachments.
3. E-mail one (1) electronic copy of the completed application to kbalkema@dnr.in.gov.

Project Title			
Organization Applying			
Type of Organization	Other:		
Project Location	<input type="checkbox"/> Lake County	<input type="checkbox"/> Porter County	<input type="checkbox"/> LaPorte County
Watershed Location	AUID:	10 Digit HUC:	12 Digit HUC:

PROJECT CATEGORY*Select One:*

<input type="checkbox"/> Low Cost Construction	<input type="checkbox"/> Land Acquisition
<input type="checkbox"/> Planning/Coordination/Management	<input type="checkbox"/> Education and Outreach
<input type="checkbox"/> Applied Research	

PROJECT PRIORITIES*Please see pre-proposal guidance for current priorities.***GRANT CONTACT INFORMATION**

Organization	
Address <i>(number and street, city, state, and ZIP code)</i>	
Telephone	
E-mail	
Project Administrator Name and Title	
Address <i>(number and street, city, state, and ZIP code)</i>	
Telephone	
E-mail	

FUNDING AMOUNT

LMCP Request	Matching Share	Total Project Cost

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1. Provide a brief project summary. Include proposed work products.

2. Provide details that explain how the proposed project fits within the selected project category and each selected priority.

3. Provide a website link to the local, regional, or state planning documents that your project supports. Identify the page number within the plan that includes the specific goals being addressed by the project. Plan documents should be created through public processes.

4. Describe how the project addresses the goals of the identified plan(s).

5. Identify project partners who will be involved with the project. Describe each partners' role.

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6. Describe the outreach activities that will be used to inform the public of the proposed project.

7. Explain how the project work will be maintained, who will be responsible for project maintenance, and the expected life of the project after completion.

PROJECT BUDGET

8. Preliminary Project Budget

Provide a project budget breakdown using the table below.

CATEGORY	LMCP Request	Match: Cash	Match: In-kind	Total
Personnel				
Fringe				
Travel				
Supplies				
Contractual				
Indirect Rate %				
Total				

9. Describe project activities that will be funded with LMCP FEDERAL funds.

10. Describe the source of NONFEDERAL matching funds as well as what project activities will be funded with matching funds.

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11. Has your organization received a LMCP grant in the past?

YES NO

12. Acceptance of the terms of the Grant Guidance:

"I have read and accept the terms of the Lake Michigan Coastal Grants Program 2021 Funding Cycle Pre Proposal Guidance Document." Type or sign your name in the space below to accept:

Name

Date (month, day, year)

ATTACHMENTS: A maximum of three (3) pages of attachments may be provided. They may be photos, maps, letters of support, or other supporting documentation.