



2020 FUNDING CYCLE PRE-PROPOSAL

State Form 54757 (R8 / 6-19)
INDIANA LAKE MICHIGAN COASTAL PROGRAM
COASTAL GRANTS PROGRAM



LMCP USE ONLY
R I NR

- INSTRUCTIONS:**
1. Read the Pre-Proposal guidance before completing this form.
 2. You **MUST** limit your application to the four (4) pages of this form, plus three (3) one-page attachments as described in question #20.
 3. **E-mail** an electronic copy of the completed application by 5:00pm (CDT) September 16, 2019 to snimetz@dnr.IN.gov

1. Title of Project:	
2. Organization Applying:	
3. Type of Organization: SELECT ONE	
4. County: <input type="checkbox"/> Lake <input type="checkbox"/> Porter <input type="checkbox"/> LaPorte	
5. Check ONLY one box: first choose Project Category, then choose one priority within the category. Red indicates funding priority	
<p>(§306a) Low Cost Construction</p> <p><input type="checkbox"/> Universal/ADA access trail signage</p> <p><input type="checkbox"/> Other</p> <p>(§306a) Acquisition</p> <p><input type="checkbox"/> Acquisition of natural areas identified within Conservation Action Plans</p> <p><input type="checkbox"/> Other</p> <p>(§306) Planning / Coordination / Management</p> <p><input type="checkbox"/> Stormwater and flood mitigation planning including Green Infrastructure BMPs with an emphasis on climate change adaptation</p> <p><input type="checkbox"/> Other</p>	<p>(§306) Education / Outreach</p> <p><input type="checkbox"/> Citizen Scientist training opportunities</p> <p><input type="checkbox"/> Other</p> <p>(§306) Applied Research</p> <p><input type="checkbox"/> Invasive species management research and plans</p> <p><input type="checkbox"/> Other</p> <p>(§306) Emerging Issues</p> <p><input type="checkbox"/> Prescribed fire interagency collaboration <i>(Check one box below.)</i></p> <p><input type="checkbox"/> Planning / Coordination / Management</p> <p><input type="checkbox"/> Education / Outreach <input type="checkbox"/> Applied Research</p> <p><input type="checkbox"/> Other</p>
6. Project Manager	7. Grant Administrator
Name:	Name:
Title:	Title:
Address, City, State, ZIP:	Address, City, State, ZIP:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:
8. Project Cost Total:	9. Watershed Location: Hydrologic Unit Code (HUC). To find your HUC code, click on this link:
LMCP Share:	http://in.gov/idem/cleanwater/pages/huc/
Applicant Share:	10-Digit HUC: 12-Digit HUC:

2020 FUNDING CYCLE PRE-PROPOSAL (continued)

State Form 54757 (R8 / 6-19)

10. Describe the activities your organization will accomplish with both the requested LMCP grant funds and the matching funds. Please list the proposed work products.

11. Identify at least two (2) Plan documents that best support the high priority needs to be addressed by your proposed project. This should be a Plan document that was created through local governments, regional organizations, or other public processes. Be sure to provide a website location for the Plan, as well as page number where the needs being addressed may be found within the Plan. For your benefit, a collection of regional plans can be found in the Technical Assistance Planning Program (TAPP) Toolkit: <http://www.in.gov/dnr/lakemich/9396.htm>.

12. DESCRIBE how your proposed project addresses the high priority needs of the Plans you identified in question 11.

13. Identify the target population for the project you are proposing. Please be specific.

14. Identify the project partners who will be involved with this project you are proposing. Please describe each partners' roles in this project in detail.

15. Describe the outreach actions you will use to inform the target population of your proposed project. Please keep in mind that you must acknowledge NOAA and the IDNR LMCP in all outreach efforts.

2020 FUNDING CYCLE PRE-PROPOSAL (continued)

State Form 54757 (R8 / 6-19)

16. If you checked the box for a funding priority in number 5, explain how your project fits the priority funding category.

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

18. Preliminary 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				
Indirect rate = %				
Totals				

19. Budget Description

a. Describe project activities that will be funded with LMCP FEDERAL funds. Give a line-item by line-item description of the work that will be performed, and/or items which will be purchased for each budget line-item.

b. Describe the source of NONFEDERAL matching funds. What project activities will be funded with matching funds? Give a line-item by line-item description of the work that will be performed, or items which will be purchased for each budget line-item.

2020 FUNDING CYCLE PRE-PROPOSAL (continued)

State Form 54757 (R8 / 6-19)

20. Attachments: You may provide a MAXIMUM of three (3) single-page attachments. Each attachment may be a maximum of 8 ½ by 11 in size. These attachments may be photos, maps, letters of support, or other supporting documentation.

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

Yes

No

22. Acceptance of the terms of the Grant Guidance

“I have read and accept the terms of the Lake Michigan Coastal Grants Program 2020 Funding Cycle Pre-Proposal Guidance document.” Type your name in the space below.

Name	Date (month, day, year)
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