

Section 1 PROJECT INFORMATION

Name of Project

Name of Sponsoring Organization

Sponsor Address (Number and Street, City, State, and ZIP code)

Sponsor Organization Type (check one)

 Municipality County Government University State Government Nonprofit 501(c)(3)

Federal Identification Number

Unique Entity Identifier (UEI) / Entity ID

Section 2 PROJECT CONTACT INFORMATION

Project Contact

Project Coordinator (if different than project contact)

Address (Number and Street, City, State, and ZIP code)

Address (Number and Street, City, State, and ZIP code)

Telephone Number

Telephone Number

Email Address

Email Address

Section 3 PROJECT FUNDING REQUEST

Section 319 (Federal Funds) Requested

\$ 0 _____

Match Funds (Non-Federal)*

\$ 0 _____

Total Project Cost

\$ 0 _____

**Must be equal to a minimum of 40% of the Total Project Budget.*

Is this project a continuation of another Section 319-funded Project?

 Yes No

Has the applicant ever received Section 319 funds?

 Yes No

The project includes an Municipal Separate Storm Sewer Systems (MS4) area:

 Yes No

Choose an MS4.

Alabama Workplan for Section 319 NPS Watershed Project

Section 4 PROJECT DESCRIPTION

River Basin

- | | | | |
|--|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Chattahoochee | <input type="checkbox"/> Escambia | <input type="checkbox"/> Tallapoosa |
| <input type="checkbox"/> Black Warrior | <input type="checkbox"/> Chipola | <input type="checkbox"/> Escatawpa | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Blackwater | <input type="checkbox"/> Choctawhatchee | <input type="checkbox"/> Mobile | <input type="checkbox"/> Tombigbee |
| <input type="checkbox"/> Cahaba | <input type="checkbox"/> Coosa | <input type="checkbox"/> Perdido | <input type="checkbox"/> Yellow |

Project Location

Waterbody Name(s) 12 digit USGS HUC(s) and Watershed Name County(ies)

This project addresses:

- TMDL
- Impairment(s) for a waterbody on the current 303(d) List?
- Protection of a High-Quality Waterbody (e.g. OAW, TAL, ONRW, PWS)
- Development of a Watershed Management Plan (HUC-12 Watershed)
- Education/Demonstration Project

Watershed Management Plan(s) (EPA 9-Element Plan) Name and Year Plan & Checklist Attached: Yes

NPS Pollutant(s) to be addressed by the project.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Low Dissolved Oxygen | <input type="checkbox"/> Organic Enrichment | <input type="checkbox"/> Nutrients |
| <input type="checkbox"/> Sedimentation/Siltation | <input type="checkbox"/> Pesticides | <input type="checkbox"/> pH |
| <input type="checkbox"/> Pathogens/Bacteria | <input type="checkbox"/> Oil and Grease | <input type="checkbox"/> Other: _____ |

Nonpoint Pollution Source(s) to be addressed, include the percentage to which the project addresses the source.

Total must equal 100%

Percent		Percent	
_____	NPS All Sources	_____	Resource Extraction
_____	Agriculture	_____	Land Disposal/Storage/Treatment
_____	Animal Feeding Operations	_____	Hydrologic Modification
_____	Silviculture	_____	Marinas and Recreational Boating
_____	Construction	_____	Other NPS Pollution:
_____	Urban Runoff/Stormwater	_____	_____

Expected Estimated Pollutant Load Reductions (Due to Project Implementation)

Model Used (STEPL, Other)

Pounds of Nitrogen _____	_____
Pounds of Phosphorus _____	_____
Tons of Sediment _____	_____
Other (Pathogens, etc.): _____	_____

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Section 5 PROJECT PARTNERS

Name of Partner	Type(s) of Commitment to Project Success <i>(Describe the commitment of time, activities, or other specified resource for the project.)</i>	Letter of Support Attached
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

Section 6 PROJECT GOAL(S)

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Section 7 PROJECT ABSTRACT (Limit 1 Page)

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Section 8 PROJECT OBJECTIVES

1. Objective:

1.1. Task:

1.1.1. Deliverable:

1.1.1.1. Measure of Success:

2. Objective:

2.1. Task:

2.1.1. Deliverable:

2.1.1.1. Measure of Success:

3. Objective:

3.1. Task:

3.1.1. Deliverable:

3.1.1.1. Measure of Success:

4. Objective:

4.1. Task:

4.1.1. Deliverable:

4.1.1.1. Measure of Success:

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Section 9 PROJECT MILESTONE SCHEDULE

Check the Quarter(s) applicable to when each objective will occur. Some objectives will occur in multiple quarters.

#	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 10 FUNDING REQUESTED					
Budget Categories**** (Itemize all Categories)	Federal Funding		Non-Federal Match*		Total
	Year 1	Year 2	Year 1	Year 2	
Salary, Overhead, or Indirect (§200.56) - (10% Max of Federal Award - 33 U.S. Code § 1329)					
Travel (§200.474)					
Supplies (§200.94 / §200.67)					
Equipment (§200.33)					
Management Measures (70% Federal)					
Services (§200.318 - §200.326)					
Annual Total					
Grant Total					
Rounded Totals					
% of Total Budget					
<p>****Important Notes</p> <p><i>Non-Federal match must be a minimum of 40% of the total project budget.</i></p> <p>Management Measures implemented should be a minimum 70% of federal funding request.</p> <p><i>A federally approved rate documentation is required for fringe and indirect.</i></p> <p><i>Design and permitting costs are not eligible for grant funds.</i></p> <p><i>Volunteer Time: The rate of volunteer time is based on the current Independent Sector's Value of Volunteer Time for Alabama, which can be found at https://independentsector.org/resource/vovt_details/. It must be updated every year when a new number becomes available.</i></p> <p><i>Mileage: The mileage rate is based on the current State mileage rate, which can be found at https://comptroller.alabama.gov/mileage-rates/.</i></p> <p><i>EQIP: Cost-share rate is based on the current NRCS EQIP rate and must be updated each year as new numbers become available and supporting rates must be provided.</i></p> <p><i>Administrative costs in the form of salaries, overhead, or indirect costs shall not exceed 10 percent of the amount of the grant award except those costs of implementing enforcement and regulatory activities, education, training, technical assistance, demonstration projects, and technology transfer programs shall not be subject to this limitation.</i></p>					

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Section 11 *FUNDING REQUESTED – ITEMIZED EXPENSES*
Describe items, services, or expenses associated with each line item.

Personnel/Salary:

Travel:

Supplies:

Equipment:

Management Measures:

Other:

Sources of Match:

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Section 12		Management Measures						
Best Management Practice (BMP) Description	Cost Per Unit	Total Units Installed	Units	Total Cost	Federal (##%)	Non-Federal (##%)	Non-Federal (Other)	Primary Pollutant
Total =								

Note:

Map Attached: Yes

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Section 14 ATTACHMENTS

List (Please Describe)

Section 15 PROJECT AUTHORIZATION

I authorize that to the best of my knowledge the contents of this application are true and accurate. I understand that, if funded, the contents of this application will be used to draft a grant agreement between the Alabama Department of Environmental Management and the Sponsoring Organization as a mechanism for executing the grant project.

Signature of Sponsoring Organization's Authorized Representative

Date (Month, Day, Year)

Typed Name:

Title:

Email Address: