



Muskingum Watershed Conservancy District
"Partners in Watershed Management"
**PROJECT ASSISTANCE
PROGRAM APPLICATION**

PROJECT OR PROGRAM NAME _____

CONTACT INFORMATION

Agency or Group Name			
Address			
City/State/Zip			
Phone		Fax	
Primary Contact		Title	
Phone		Email	

- Non-profits should include a copy of their IRS Determination Letter confirming Section 501 status.
- All applicants should include a resolution of support and commitment from their governing body. A sample resolution is included.
- Attach additional sheets as necessary to any of the sections below.

PROJECT OR PROGRAM DESCRIPTION

Please provide a brief description of your project or program in the space below.

MWCD MISSION – *"Responsible stewards dedicated to conservation, recreation and flood control in the Muskingum River Watershed, striving to enhance the quality of life in the region."*

Describe how your proposal promotes and supports the conservation and flood-control aspects of the Mission of the Muskingum Watershed Conservancy District.

NEEDS, BENEFITS, GOALS

Why is the project needed? What are your goals and how will your success be measured? Who will be the primary benefactors?

PARTNERSHIPS

Outline the role that partnering agencies or groups will play in the implementation of your project or program. Letters of collaboration may be attached.

LOCAL SUPPORT

List local organizations, individuals, or user groups that have indicated support for your proposal. Letters illustrating such support may be attached.

EXPERIENCE

Please list examples of similar projects your group has undertaken.

PLANNING

Briefly describe the planning process used to formulate your proposal.

SUSTAINABILITY

Indicate how the project will be maintained or the program continued in the future.

PROJECT/PROGRAM DESIGN – Attach maps, photos, site plans, drawings, schematic designs, etc. sufficient to adequately illustrate the project. For educational programs, please include a narrative description of the program, target audience, marketing plans, program sites, etc.

SCHEDULE

Project/Program will begin _____

Proposed completion date _____

IN-KIND ASSISTANCE REQUESTED

Describe any in-kind assistance requested from MWCD. Include a time frame outlining when such assistance would be required.

PROJECT/PROGRAM COST SUMMARY

ELIGIBLE COSTS	Partner Share in Cash	Partner Share in In-Kind Labor	Partner Share in In-Kind Materials	Other Funding Sources	Amount Requested from MWCD	Total
Land Acquisition						
Labor						
Design and Engineering						
Special Service Contracts						
Equipment Rental						
Construction Contracts						
Materials and Supplies						
Local Match for other Grant						
Other						
Totals						

Total Funding Request from MWCD Project Assistance Program \$ _____

If funds are being requested to serve as Applicant's local match for another grant program, please attach a copy of that agreement. Date matching funds are required. _____

Printed Name of Person Completing application

Title

Signature

Date

SUBMIT ALL APPLICATION MATERIALS AND DIRECT ALL INQUIRES TO:

John Olivier, Development Coordinator
Muskingum Watershed Conservancy District
1319 Third Street NW • P.O. Box 349
New Philadelphia, OH 44663-0349
Phone (330) 343-6647, extension 2255
Fax (330) 364-4161
Email jolivier@mwcd.org

**Thank you for your interest and commitment to conservation in the
Muskingum River Watershed!**