

Muskingum Watershed Conservancy District "Partners in Watershed Management"

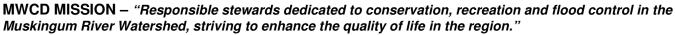
PROJECT ASSISTANCE PROGRAM APPLICATION

PROJECT OR PROGRAM NAME								
CONTACT INFO	RMATI	ON						
Agency or Group I								
Address								
City/State/Zip								
Phone				Fax	Υ .			
Primary Contact				Title	е			
Phone				Em	ail			

- 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

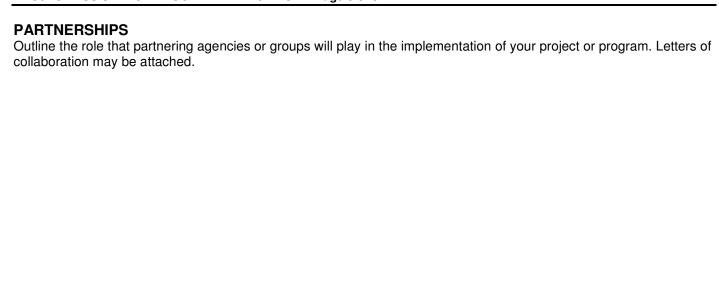
Please provide a brief description of your project or program in the space below.



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?



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									

IN-KIND ASSISTANCE REQUESTED

Proposed completion date

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

Signature

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 \$									
attach a copy of that agreement. Date matching funds are required.									
Printed Name of Person Completing application Title									
Printed Name of Person C	ation	Title							
			-						

SUBMIT ALL APPLICATION MATERIALS AND DIRECT ALL INQUIRES TO:

Date

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!