



DEPARTMENT OF
ECOLOGY
State of Washington

Saltwater Algae Program Grant Application

ECOLOGY USE
Application Number

- PART 1 -

1. PROJECT TITLE (Five words or less)

2. APPLICANT NAME (Public Body)
Name:
Address (If different from Signatory):
Federal Identification No.:

3. AUTHORIZED SIGNATORY (The person whose name is listed here must sign Box 9 of this application)
Name:
Title:
Address:
If this project involves or impacts more than one public body, do all these public bodies support this project? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please provide a more detailed explanation in Part 2 of this application.</i>

4. APPLICANT STAFF CONTACT
Name:
Title:
Address:
Telephone Number and E-mail address:

5. PROJECT DATA (Actual PROJECT data, not data of applicant)
What is the population in the PROJECT area? _____
Is the PROJECT located in a basin with Endangered Species Act listed species or critical or depressed salmonid stocks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the location of the PROJECT be statewide? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please include county(s), Water Resource Inventory Area designation(s), legislative district(s), and Congressional district(s), where at least five percent of the PROJECT will be accomplished, BELOW.</i>

The total of each separate designation must equal 100%

County(s) of the Project:	
Name	Percent

State Legislative District(s) of the Project:	
Number	Percent

Congressional District(s) of the Project:	
Number	Percent

Water Resource Inventory Area(s) of the Project:	
Number	Percent

<p>6. PROJECT DURATION</p> <p>Project Length: _____ months</p> <p>Anticipated Start Date: _____</p> <p>Anticipated Project Completion Date: _____</p>
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<p>7. BRIEF PROJECT DESCRIPTION (to appear in the funding list): <i>(50 words or less)</i></p>

8. FUNDING REQUEST:	Your Project Amount
<p>Total Project Cost [This amount represents the total cost of the project including Ecology and non-Ecology sources.]</p>	\$
<p>Eligible Project Cost [This amount represents that portion of the total project cost that is eligible for Ecology grant assistance.]</p>	\$
<p>Ecology Grant Amount [This amount represents the amount Ecology will grant, which is 75 percent of the eligible project cost (up to \$35,000).]</p>	\$
<p>Applicant Share [This amount represents the amount the applicant will provide to the project, which is 25 percent of the eligible project cost.]</p>	\$

9. APPLICATION CERTIFICATION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM LEGALLY AUTHORIZED TO SUBMIT THIS INFORMATION ON BEHALF OF THE APPLICANT.

Printed Name	Signature
Title	Date

10. APPLICATION SUBMITTAL

Send eight copies, one of which contains an original signature to:

U.S. Postal Mailing Address:

Department of Ecology
Water Quality Program
Financial Management Section
P.O. Box 47600
Olympia, WA 98504-7600

Overnight Mail or Hand Delivery Address:

Department of Ecology
Water Quality Program
Financial Management Section
300 Desmond Drive
Lacey, WA 98503

NOTE: APPLICATIONS MUST BE RECEIVED AT THE DEPARTMENT OF ECOLOGY BY 5:00 P.M. ON THE CLOSING DATE. NO FACSIMILE OR ELECTRONIC APPLICATIONS WILL BE ACCEPTED. TO ENSURE DELIVERY OF APPLICATION BY THE DEADLINE, YOU MAY WISH TO CONSIDER USING RETURN RECEIPT MAIL.

To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6502. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

Saltwater Algae Program Grant Application - PART 2 -

Project Proposal

This is the narrative section of your application in which you describe your project. Ecology will use the information that you provide here to evaluate the merit of your project. Before describing your project, please carefully review the information in Chapter 3 of the Saltwater Algae Grant Guidelines.

Please contact Melanie Tyler of the Water Quality Program regarding specific questions: by e-mail at mety461@ecy.wa.gov or by telephone at (360) 407-7489. ECOLOGY WILL USE ONLY INFORMATION WHICH IS SUBMITTED BEFORE THE APPLICATION DEADLINE IN THE EVALUATION PROCESS.

1. EXECUTIVE SUMMARY

Please provide an overview of the proposed project. Limit your answer to 250 words. Identify the water body or water bodies that will be involved.

- **Please include a map of the targeted water body or water bodies with the application.**

2. SCOPE OF WORK

Provide a scope of work for your project. List the tasks that you will undertake to complete the project, including details. For example, if education is a component of the project, when describing that task say “we will produce and distribute two educational newsletters to the Lake X residents. In addition, we will hold at least one public meeting to talk about the project, etc.” Describe how the project goals will be achieved. Discuss specific methods to be used or describe how the project will be accomplished.

Task 1 is standard for all grant projects. Follow the format provided below for the additional tasks in your scope of work:

Task 1- Project Administration/Management:

- A. The RECIPIENT will administer and manage the project. Responsibilities will include, but not be limited to: maintenance of project records; submittal of payment vouchers, fiscal forms, and progress reports; compliance with applicable procurement and interlocal agreement requirements; attainment of

all required permits, licenses, easements, or property rights necessary for the project; conducting, coordinating, and scheduling of all project activities; quality control; and submittal of required performance items.

- B. The RECIPIENT will ensure that every effort is made to maintain effective communication with the RECIPIENT's designees, the DEPARTMENT, all affected local, state, or federal jurisdictions, and any interested individuals or groups. The RECIPIENT will carry out this project in accordance with completion dates outlined in this Agreement.
- C. The RECIPIENT shall submit all invoice requests and supportive documentation to the Financial Manager of the DEPARTMENT.

Required Performance:

- 1. Effective administration and management of this grant project.
- 2. Maintenance of all project records.
- 3. Submittal of all required performance items, including the Post Project Assessment Plan, progress reports, financial vouchers, and maintenance of all project records.

Total Task Cost \$

Task 2:

A.

Task 3:

A.

Task 4:

A.

3. PROPOSED BUDGET

Please provide a budget, using one of the following formats. Provide the total cost of the project, not just the state share.

Budget by Task

Task 1 – Project Management	\$ _____
Task 2 –	\$ _____
Task 3 –	\$ _____
Task 4 –	\$ _____

Total \$ _____

-- OR --

Budget by Budget Object

Salaries, wages, and benefits (SWB): \$ _____

Indirect cost up to 25% of SWB: \$ _____

Material, supplies \$ _____

Equipment \$ _____

Contracts \$ _____

Other \$ _____

In-kind contributions \$ _____

Total \$ _____

4. WATER QUALITY AND PUBLIC HEALTH IMPROVEMENTS

At a minimum, your response should answer these questions:

For **all** projects:

- What are the project goals? What will you accomplish by undertaking this project?
- Does this project have statewide or regional significance?
- Explain why you think this project will be successful. How will you evaluate success?

For saltwater algae **management** projects:

- Has the water body experienced an excessive accumulation of saltwater algae within the past three years?
- How are the saltwater algae impacting the targeted water body? How will this project benefit the public?

5. PROJECT TEAM

Please list the key people who will make this project a success. List the people who will actually lead or work on the project. Note their commitment to the project and any special skills they bring.

6. PROJECT DEVELOPMENT AND LOCAL SUPPORT

At a minimum, your response should answer these questions:

- For **management** projects: Do you have local citizen support for the project--especially support of those citizens who live on, use, or have an interest in managing the accumulation of saltwater algae in the targeted water body?
- What is your long-term commitment to this project? Are you prepared to continue implementation of long-term objectives without grant support?

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