ECOLOGO-C

**FY 2012 NEP Toxics and Nutrients Preventing Polycyclic Aromatic Hydrocarbon (PAH) Pollution**

**Grant Application**

This FY 2012 NEP Toxics and Nutrients Grant Program

Application Form is available at:

[www.ecy.wa.gov/puget\_sound/grants\_fed\_toxics.html](http://www.ecy.wa.gov/puget_sound/grants_fed_toxics.html)

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

# APPLICATION INSTRUCTIONS

## Eligibility

State and federal agencies, institutions of higher learning, tribal governments and technical consortia, local governments, special purpose districts, conservation districts, watershed planning units, local management boards, salmon recovery lead entities, regional fisheries enhancement groups, and non-profit entities are eligible to apply.

## Application Resources

Important requirements and an overview of the grant program can be found in the *FY2012 NEP Toxics and Nutrients Grant Program Preventing Polycyclic Aromatic Hydrocarbon (PAH) Pollution Funding Guidelines*. The funding guidelines can be found at: [www.ecy.wa.gov/puget\_sound/grants\_fed\_toxics.html](http://www.ecy.wa.gov/puget_sound/grants_fed_toxics.html).

## Application Submittal Information

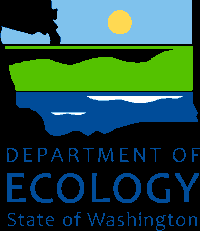
Applications must include all of the following:

* One original-signature application.
* One electronic version of the application in MS WORD (maps and other attachments to the application can be submitted in PDF format with the electronic version).

All application material **must be received** at the Department of Ecology (Lacey headquarters office) **no later than 5:00 p.m. on February 3, 2012**. Postmarks are not accepted. Faxed applications will not be accepted.

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| --- | --- |
| ***U.S. Postal Mailing Address:*** | ***Overnight Mail or Hand Delivery Address:*** |
| Department of Ecology  Water Quality Program  Financial Management Section  P.O. Box 47600  Olympia, WA 98504-7600 | Department of Ecology  Water Quality Program  Financial Management Section  300 Desmond Drive  Lacey, WA 98503 |

For more information, contact Sarah Ralph, 360-407-6703, e-mail [sarah.ralph@ecy.wa.gov](mailto:sarah.ralph@ecy.wa.gov) for financial questions or Andrew Kolosseus, 360-407-7543, e-mail [andrew.kolosseus@ecy.wa.gov](mailto:andrew.kolosseus@ecy.wa.gov) for technical questions.

For Ecology Use Only:

**Application No.**

***Place the cursor in the gray box at question 1, fill in the answer, and then use the F11 function key to navigate through the remaining questions in the application.***

|  |
| --- |
| 1. **PROJECT TITLE:**  *(Please keep the project title to five words or less.)* |
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| 1. **APPLICANT NAME:** |
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| --- |
| 1. APPLICANT DATA: |
| Federal ID No.: |

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT SIGNATORY:** *(The person whose name is listed here must sign at the end of this application)* | | |
| Name: | | |
| Title: | Telephone Number:        Fax Number: | E-Mail Address: |
| Mailing Address  Agency:  Address:  City:       State:       Zip Code: | | |

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| 1. **APPLICANT PROJECT MANAGER:** *(The person whose name is listed is the main contact for the project)* | | |
| Name: | | |
| Title: | Telephone Number:        Fax Number: | E-Mail Address: |
| Mailing Address  Agency:  Address:  City:       State:       Zip Code: | | |

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| 1. **PROJECT DURATION: (Note**: PROJECTs must be completed by June 30, 2016) |
| Estimated Start Date: |
| Estimated Completion Date: |

*This following is the rated portion of the application with a total of 100 possible points. Each section identifies the proportion of available points.*

## Project Description

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria** | **Description Statement** | **Points** |
| **Project Design** | • Is the project well-structured and clearly described?  • Is the purpose clear and compelling?  • Are the project schedule and budget reasonable and achievable?  • Does the entity have the capacity and expertise to successfully carry out the project?  • How has the applicant demonstrated its ability to successfully complete a project of this type? | 35 |
| **Program Sustainability** | • Does the project help make ongoing activities more effective, efficient, affordable, or sustainable?  • Does the project enhance existing funding for your program?  • What is your long-range vision and what steps are you taking to improve and sustain your program?  • Is an effectiveness monitoring plan included? | 10 |
| **Coordinated Approaches, Partnerships & Public Engagement** | • Does the project involve collaboration with other jurisdictions?  • Does the project serve as a regional model? | 10 |

Use the space provided below to fully describe the project design, program sustainability, and coordinated approaches, partnerships, and public engagement.

Limit the description to eight pages or fewer.

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| **Executive Summary (Summarize the overall project. Limit your answer to 250 words or less.)**    **Project Need, Background, and Approach**    **Task 1: Project Administration and Management**    **Task 2:**    **Task 3:**    **Task 4:**    **Task 5:** |

## Project Outputs and Outcomes

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| --- | --- |
| **Evaluation Criteria** | **Maximum Points** |
| • Is the project addressing an important source of PAHs?  • What is the overall size of the problem and what percentage of the problem will this project address?  • Is the focus of the project on-the-ground implementation?  • What reductions are expected in PAH loads?  • Does the project lay out clear and realistic activities, objectives, outputs, and outcomes? Do they align and fit together to facilitate successful implementation?  • How will you measure the results/changes and how do they align with local and regional performance measures and targets? | 40 |

Use the space provided below to provide a description of the project’s outputs and outcomes.

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| **Outputs** (outputs are the major products and/or the substantial and completed processes that will be created to reach outcomes. They are the anticipated accomplishments funded through the grant, and they are directly under the grantee’s control. The outputs occur “in order to achieve” an intended outcome. Outputs should be numeric whenever possible.)    **Outcomes** (outcomes are the desired environmental changes or results that the proposed project will eventually accomplish. The follow from the outputs and identify the anticipated change that is the goal of the grant.) |

## Geographic Area

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| --- | --- |
| **Evaluation Criteria** | **Maximum Points** |
| • What is the geographic scope of the project?  • Does the project focus on areas with high levels of PAHs? | 5 |

Use the space provided on the next page to provide a description of the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT INFORMATION:** | | | |
| **Where is the project area?** | | | |
| **Is the PROJECT Sound-wide?**   Yes  No  If **Yes**, skip to the next box. | | | |
| Provide **Latitude/Longitude coordinates in** **Decimal Degrees** (e.g., 45.3530/-120.4510) of your PROJECT location and the affected water body. The PROJECT location is the approximate center of where you will be working. Latitude/Longitude coordinates can be located at: <http://itouchmap.com/latlong.html>. | | | |
| Location | **Primary Site** | **Secondary Site** | Tertiary Site |
| PROJECT Location (Lat/Long): |  |  |  |
| Water Body Name: |  |  |  |

Use the space provided on the next page to describe the PAH problem in the project area.

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## PROPOSED BUDGET

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| --- | --- |
| **FUNDING REQUEST:** | |
| **Total PROJECT Cost**  This amount represents the full cost of the PROJECT | $ |
| **Eligible PROJECT Cost**  This amount represents the portion of the project costs that are grant eligible. | $ |

***TOTAL Eligible Cost by Budget Object***

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| --- |
| Salaries: $  Benefits: $  Indirect costs: $       (May include up to 25% of employee salaries and benefits)  Contracts: $  Materials, goods, and  services (list major item): $  Equipment (list major items): $  $  $  Travel: $  Other (please outline): $  $  **Total Eligible Cost: $** |

Describe how costs were estimated.

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## APPLICATION CERTIFICATION:

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| --- | --- |
| I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM THE **LEGALLY AUTHORIZED SIGNATORY** OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION ON BEHALF OF THE APPLICANT. | |
|  |  |
| Printed Name | Signature |
|  |  |
| Title | Date |

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