

**National Estuary Program (NEP)**

**Toxics and Nutrients
Reducing Nutrient Pollution
in the Budd Inlet Watershed**

**Grant Application**

This 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.*

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**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.

Eligible project activities must prevent and reduce nutrient loading to the environment. Innovative approaches are strongly encouraged. These projects must not only address specific problem areas but they must evaluate their effectiveness for use throughout Puget Sound. All projects funded must result in reduced nutrient loading.

Applicants must demonstrate how their project focuses on problem areas and/or problem sources within the Budd Inlet watershed. One source of technical information is the Deschutes River, Capitol Lake, and Budd Inlet Water Quality Study: [www.ecy.wa.gov/programs/wq/tmdl/deschutes/index.html](http://www.ecy.wa.gov/programs/wq/tmdl/deschutes/index.html).

Funding can be used to reduce nutrient loads from on‐site septics, fertilizer use, manure, wastewater treatment plants, stormwater, or other sources of nutrients related to human activities. It can be used to address marine or freshwater and nitrogen or phosphorus loading. Projects must be completed by June 30, 2015.

To be eligible, the project must:

* Implement activities that will reduce nutrient loading to the environment from one or more human-caused sources. The applicant must calculate the expected reductions in nutrient loads.
* Conduct water quality effectiveness monitoring under an Ecology-approved Quality Assurance Project Plan to determine effectiveness of the project in reducing nutrient loads.
* Prepare a report summarizing:
	+ The actions taken.
	+ The reductions in nutrient loads from the actions.
	+ The applicability of using the approach taken by the project to other areas of Puget Sound.

The priority outcomes are:

* Improved dissolved oxygen concentrations in marine or freshwater.
* Improved aquatic life health due to lower pollution pressures.

## Application Resources

Important requirements and an overview of the grant program can be found in the *NEP Toxics and Nutrients Grant Program Reducing Nutrient Pollution in the Budd Inlet Watershed 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 application with signature.
* One electronic version of the application in Microsoft Word format. The applicant may submit maps and other attachments in PDF format with the electronic version. E-mail electronic versions to sarah.ralph@ecy.wa.gov and andrew.kolosseus@ecy.wa.gov.

All application material **must be received** at the Department of Ecology (Lacey headquarters office) **no later than 5:00 p.m. on May 28, 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 EcologyWater 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 for financial questions or Andrew Kolosseus, 360-407-7543, e-mail andrew.kolosseus@ecy.wa.gov for technical questions.

For Ecology Use Only:

**Application No.**

# Background Information

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| **PROJECT TITLE:**  *(Please keep the project title to five words or less.)* |
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| **APPLICANT NAME:** *(Public body or private not-for-profit per IRS 501 (C) (3))* |
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| APPLICANT DATA:  |
| Federal ID No.:       |

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

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

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| **PROJECT DURATION** (Note: Projects must be completed by June 30, 2015) |
| Estimated Start Date:        |
| Estimated Completion Date:       |

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| **GEOGRAPHIC AREA:** |
| **Where is the project area?** Please attach a map of the project area. |
| 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: |       |       |       |

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| EXECUTIVE SUMMARY |
| In 250 words or less, describe the problem to be addressed, the scope of the project, its water quality benefits, and how the project addresses the identified problem.      |

# Project Purpose (30 points)

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| Scoring Guide:* Is the project addressing an important source of nutrients?
* What is the overall scope of the problem and what aspect of the problem will this project address?
* Is the purpose clear and compelling?
* Does the project focus on areas with nutrient problems?
* Does the project help make ongoing activities more effective, efficient, affordable, or sustainable?
* Does the project enhance existing funding for your program?

In two pages or fewer, describe the purpose of the proposed nutrient reduction project.      |

# Scope of Work (30 points)

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| Scoring Guide:* Is the project well-structured and clearly described?
* Does the project use innovative approaches?
* Is the project schedule reasonable and achievable?
* What is your long-range vision and what steps are you taking to improve and sustain your program?
* Is an effectiveness monitoring plan included?
* Does the project involve collaboration with other jurisdictions?
* Will the results of the project inform future activities throughout Puget Sound?

*Task 1 is standard for all grant projects. Follow the format provided below for the additional tasks in your scope of work. Limit answer to four pages or fewer.* **Task 1- Project Administration/Management:**Budget for Task 1: $     Completion Date for Task 1:      1. The RECIPIENT will administer 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, contracting, and interlocal agreement requirements; application for, receipt of, and compliance with all required permits, licenses, easements, or property rights necessary for the project; and submittal of required performance items.
2. The RECIPIENT must manage the project. Efforts will include conducting, coordinating, and scheduling project activities and assuring quality control. Every effort will be made to maintain effective communication with the RECIPIENT's designees; Ecology; all affected local, state, or federal jurisdictions; and any interested individuals or groups. The RECIPIENT must carry out this project in accordance with any completion dates outlined in this agreement.
3. The RECIPIENT must ensure this project is completed according to the details of this agreement. The RECIPIENT may elect to use its own forces or it may contract for professional services necessary to perform and complete project-related work.
4. Required Performance:
	1. Effective administration and management of this grant project.
	2. Maintenance of all project records.
	3. Timely submittal of all required performance items including the Post Project Assessment Plan, progress reports, and financial vouchers.
	4. Write and submit a one to two page summary of project accomplishments and outcomes at project completion, including pictures, to be published by Ecology.

**Task 2-**      **:**Budget for Task 2: $     Completion Date for Task 2:      Description:      **Task 3-**      **:**Budget for Task 3: $     Completion Date for Task 3:      Description:      **Task 4-**      **:**Budget for Task 4: $     Completion Date for Task 4:      Description:      **Task 5-**      **:**Budget for Task 5: $     Completion Date for Task 5:      Description:      **Task 6-**      **:**Budget for Task 6: $     Completion Date for Task 6:      Description:       |

# Proposed Budget (5 Points)

Scoring Guide:

* Complete project budget is consistent with the scope of work.
* The cost estimate process is reasonable.
* The project budget represents a good value for the work and water quality benefits achieved.

Budget examples can be found in Appendix A of *Administrative Requirements for Recipients of Ecology Grants and Loans,* “The Yellow Book,” found at: [www.ecy.wa.gov/programs/wq/funding/cycles/2013/index.html](http://www.ecy.wa.gov/programs/wq/funding/cycles/2013/index.html). Detailed budgets can be attached and submitted with the application.

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| **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 percent of employee salaries and benefits)Contracts: $     Materials, goods, andservices (list major item): $     Equipment (list major items): $           $           $     Travel: $     Other (please outline):       $           $     **Total Eligible Cost:** $      |

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| Describe how costs were estimated. Explain how you calculated each budget item and why it is necessary for the project. Include the steps taken to ensure the accuracy of cost estimates.      |

# Programmatic Capability (5 points)

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| Scoring Guide:* Capacity, expertise, and demonstrated ability to successfully carry out the project.

In a half page or less, describe the applicant’s capability to conduct the ambient monitoring project.      |

# Project Outputs and Outcomes (30 Points)

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| Scoring Guide:* What reductions are expected in nutrient loads?
* How will the results/changes be measured, and how do they align with local and regional performance measures and targets?
* Does the project lay out clear and realistic activities, objectives, outputs, and outcomes? Do they align and fit together to facilitate successful implementation?

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

# 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 |