New Grant Funding for Water Quality Improvement Projects

Along the Mariner East 2 Pipeline Corridor

**GRANT APPLICATION**

1. **Short Title**:

2. **Applicant/Sponsor Information:**

|  |  |
| --- | --- |
| **A APPLICANT** | **S SPONSOR (Only If different from Applicant)** |
| Organization:       Street:             City/State/(9 Digit) Zip:Contact:       Tel: (     )     -      Fax: (     )     -      E-Mail:       Federal Employer ID #/SAP Vendor #        | Organization:       Street:             City/State/(9 Digit) Zip:Contact:       Tel: (     )     -      Fax: (     )     -      E-Mail:       Federal Employer ID #/SAP Vendor #        |

3. **Type of Organization**:

|  |  |
| --- | --- |
| [ ]  School District / School | [ ]  Municipal Authority |
| [ ]  Conservation District | [ ]  Incorporated Watershed Association |
| [ ]  Council of Governments | [ ]  Incorporated Non-profit Organization |
| [ ]  County or Municipality | 501(c)(3) status? Yes [ ]  No [ ] [ ] PA Charitable Organization status? Yes [ ] [ ]  No [ ] [ ]  Exempt [ ] (must provide proof) |
| [ ]  Educational Institution  |  |

1. **Project Location:**

County(ies):       Municipality(ies):

(Include marked Location Map, a Site Map, and an aerial photo with the project limits clearly marked on all three maps. Refer to form 1010-FM-GC0001f for further description of these required maps.)

Latitude:       Longitude:

Percent of Project in the Chesapeake Bay Watershed:

**5.** Application/Project Category:

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| --- |
| a. **[ ] [ ]  Develop a watershed plan**b. **[ ] [ ]  Education/outreach**c. *[ ]* **[ ]** **Design and/or construction**d. **[ ] [ ]  Operation, maintenance and replacement**e. **[ ] [ ]  Technical Assistance**f. **[ ] [ ]  Evaluation, Assessment or Monitoring Tools**g. **[ ]**  **Watershed group organization/support**h. **[ ]**  **Water quality improvement/community recreation**i. **[ ]**  |

6. Name of the DEP staff person with whom you consulted about the proposed project (see the DEP Contacts):

7. **Budget Summary:** (Must be consistent with attached DEP Task and Deliverable Budget Worksheet forms – do not include cents; round to the nearest dollar.)

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| --- | --- |
| **Category** | **Grant Request** |
| Salaries/Benefits |       |
| Travel |       |
| Equipment and Supplies |       |
| Administration (grant max 5%) |       |
| Contractual |       |
| Construction |       |
| Other |       |
| **Total:** |       |

|  |  |
| --- | --- |
| 8. Will your project be conducted on land you either own or control?9. Will your project be conducted on land owned by other Commonwealth agencies? Have you contacted the appropriate agency? If yes, identify the person and agency contacted:       10. Will your project directly or indirectly preclude access to or use of any forested land for the practice of sustainable forestry?11. Is this project consistent with local comprehensive land use plans and zoning ordinances under Acts 67 & 68 of 2000?12. Will your project address Commonwealth Investment Criteria?If you answered “Yes” to #13, complete a and b below. | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  N/A [ ] Yes [ ]  No [ ]  |
|  | PermanentFull-time | PermanentPart-time | TemporaryFull-time | TemporaryPart-time |
| 12a. Number of NEW jobs created by project |       |       |       |       |
| 12b. Number of jobs RETAINED resulting from project |       |       |       |       |
| 13a. Is your project located in an area designated as an Environmental Justice community?13b. Is your project located in an Act 47 Financially Distressed Municipality? | Yes [ ]  No [ ] Yes [ ]  No [ ]  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 14. State the chapter 93 designation for the receiving waters of your project.      15. State the Impairment Source(s), Impairment Causes(s), and Reach Code listed for the receiving waters of your project. (Applicants are encouraged to navigate to <http://data-padep-1.opendata.arcgis.com/> and use the 2016 Integrated Report App to secure this information).

|  |  |  |
| --- | --- | --- |
| **Impairment Source** | **Impairment Cause** | **Reach Code (14 digit)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

16.Briefly discus how the proposed project intends to address the listed Impairment Sources and Causes. Please limit your response to 500 words or less. |
|       |

17. **Project Executive Summary**: (Please limit to 2,000 words). Use additional sheets if necessary.

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|       |

## UPLOAD ALL REQUIRED DOCUMENTS ON THE ADDENDA TAB OF THE ELECTRONIC APPLICATION

## CERTIFICATION AND SIGNATURE OF APPLICANT (REQUIRED) AND SPONSOR (IF APPLICABLE)

**Applicant:** I certify that the information in this application is true and correct to the best of my knowledge.

 Applicant Organization Date

 Printed Name Signature Title

**Sponsor:** I certify that the information in this application is true and correct to the best of my knowledge. I certify that I am willing to accept responsibility for a grant on behalf of the applicant.

 Sponsor Organization Date

 Printed Name Signature Title

**DEADLINE FOR SUBMITTAL IS JUNE 20, 2018**

Please note - your project may also be eligible for funding under Growing Greener. You are encouraged to apply for both grants to maximize your chances to receive a grant. The Growing Greener Plus grant program opens May 14.