

 **Kentucky Division of Water**

**Source Water Protection Assistance PrograM**

 **Application Form**

*\*Incomplete applications will not be considered for project funding. Please contact Laura Dye at* *Laura.Dye@ky.gov* *or 502-782-7029 for questions regarding program requirements.*

**General Information:**

**Project Title**: Click here to enter text.

**Project Location (County/Watershed):** Click here to enter text.

**Applicant/Organization:** Click here to enter text.

**D-U-N-S Number:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**Contact Person:** Click here to enter text.

**Telephone:** Click here to enter text. **Email:** Click here to enter text.

**Associated Public Water System(s)(PWS):** Click here to enter text.

**PWS ID Number(s):** Click here to enter text.

**PWS(s) Source Water Proposed for Protection:** Click here to enter text.

**PWS Contact Person:** Click here to enter text. **Telephone:** Click here to enter text.

**Email:** Click here to enter text.

**SWPAP Funding Request:** $ Click here to enter text.

**Matching Funding:** $ Click here to enter text.

**Total Project Cost:** $ Click here to enter text.

**Project Narrative:**

*Submit responses for each section below.*

1. **Proposed Project Summary:** Provide a clear and brief statement of the proposed project in regards to source water protection. Include proposed project goals and objectives.

Click here to enter text.

1. **Source Water Protection Elements:** Is the proposed project consistent with and/or does it fulfill or develop some element of a Source Water or Wellhead Protection Plan? Describe the specific threat(s) that the proposed project will address in regards to source water protection.

Click here to enter text.

1. **Implementation/Management:** How does the proposed project implement or manage source water protection elements and how does it support addressing or development of source protection measures over the long-term?Explain and demonstrate how the proposed project will be used to support source water protection measures and how it can be used to develop or implement long-term plans.

Click here to enter text.

1. **Proposed Project Management:** Describe the key proposed project tasks, timelines and deliverables that will be used to achieve the proposed project goals. These should also be capatured in Table A below. To the extent possible, the proposed project should include some way of measuring success.

Click here to enter text.

1. **Proposed Project Key Personnel:** List key personnel who will be involoved in managing the proposed project. Outline their roles and responsibilities in the completion of the tasks and deliverables. Describe key personnel quailifications and/or relevant trainings and management of other similar assistance agreements and/or grants in the past. Identify any work intended to be completed by sub-contractors and include their qualifications. For volunteers, indicate the approximate number of people expected to participate and any training that will be necessary. Note that any substitutions for project management and key staff may require prior approval.

Click here to enter text.

1. **Partnership Support and Commitment:** List partnerships, define their roles and responsibilities and/or level of involvement and commitment with the proposed project. Provide letters of commitment or agreement from each partner. Support documentation can also include approved minutes of board meetings, pledges of financial contributions and votes. If property is not owned by proposed project applicants, landowner consent is required for project eligibility. All documentation should demonstrate each partners’ understanding of the project and their role in its success. Please include these as attachments to your application.

Click here to enter text.

1. **Project Maps and Site Plans:** At a minimum, provide maps that demonstrate the area(s) of proposed project elements relative to the public drinking water supply location(s) and associated Source Water or Wellhead Protection Areas. For structural BMPs, include site-specific design plans and/or sketches with a scale or approximate measurements, and indicate existing features vs. proposed improvements. Land transaction projects **must include** a map showing where the property is located relative to source water protection zones and public drinking water supply sources (surface intakes, wells, or springs). More points will be awarded for projects that have a substantial match or signed agreements. Please include these as an attachment to your application.

Click here to enter text.

1. **Budget:** Provide itemized budget information by category and task as requested in Tables B and C below. Include the costs for each budget item to be paid for by SWPAP funds and those supported by matching funds. Include appropriate documentation of commitment for matching funds by anyone other than the applicant. Descriptions of other funds and in-kind match to be provided should be include in the project summary (No. 1). Volunteer labor can be valued at $22 per hour (<http://www.independentsector.org/volunteer_time>) or at the current market rate for professional services. The tasks listed in Table B should reflect the timeline/task breakdown in the project summary (No. 1); add rows as necessary.

Click here to enter text.

1. **Programmatic Capability and Past Performance:** Clearly describe your organizational experience and resources to perform and support the successful completion of the proposed project(s). This includes experience achieving project objectives and staff qualifications. Demonstrate how your organization has successfully performed and managed assistance agreements and/or grants of similar size, scope and relevance to the proposed project within the last three years

Click here to enter text.

 **Budget and Timeline:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Table B. Budget by Category** | **SWPAP Funds ($)** | **Matching** **Funds ($)** | **Total** **Cost ($)**  |
| **1. Personnel:** Include salaries paid for work performed on the project. “Salary” should reflect the rate per hour, by position.  |
| Name | Title | SalaryHourly Rate | Approx. # of Hours | Salary Charged to SWPAP | Salary in-kind or other match |  |  |  |
|       |       |       |       |       |       |       |       |       |
|  |  |  |  |  | Subtotal |       |       |       |
| **2. Indirect Cost of Salary:** Indicate the indirect costs. Typical indirect costs are associated with but are not limited to office space, telephones, personnel administration, accounting and room or equipment rental and usage (i.e., the cost of doing business). |
|       |       |       |       |
| **3. Supplies:** Includes field and lab supplies; data processing materials; equipment costing less than $500; clothing; books, paper and other office supplies. |
|       |       |       |       |
| **4 Equipment:** List any item(s) of equipment costing more than $500 in total. Equipment costing less than $500 should be listed in Supplies (#3). |
|       |       |       |       |
| **5. Travel and Training:** Includes project-related charges for travel (travel, tolls) and charges as a result of use of an automobile. Vehicle costs should be shown as the number of miles times the mileage rate being applied. Mileage rates cannot exceed the Standard Mileage Rate provided by the Internal Revenue Service (see www.irs.gov/index.html). |
|       |       |       |       |
| **6. Contractual:** Includes expenditures made to sub-grantees/sub-contractors, hired speakers, legal services, cost of engineering and design, etc. The rate of pay per hour, number of hours and type of service provided should be included. Any procured services not provided by the SWPAP project lead organization should be listed here. |
|       |       |       |       |
| **7. Construction:** Costs (construction contracts, cost share agreements, etc.) associated with construction. Permit fees can be included. |
|       |       |       |       |
| **8. Other (specify):** Includes postage, printing, license fees, equipment maintenance and repair, computer software, etc. Any item greater than $500 must be itemized below. |
|       |       |       |       |
| **Totals** |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Table A: Project Tasks** |
| **Project Start – Nov 15** | **Nov 15th – Mar 15th** | **Mar 15th – Jul 15th** | **Jul 15th – Dec 15th** |
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| --- | --- | --- | --- | --- |
| **Table C. Budget by Task** | **Staff Assigned** | **SWPAP Funds ($)** | **Matching** **Funds ($)** | **Total** **Cost ($)**  |
| **Task 1:**  |  |  |  |  |
| **Task 2:** |  |  |  |  |
| **Task 3:** |  |  |  |  |
| **Task 4:** |  |  |  |  |
| **Task 5:** |  |  |  |  |
| **Task 6:** |  |  |  |  |
| **Total:** |  |  |  |  |

**Signatures:**

**Project Manager Printed Name/Title:** Click here to enter text.

**Signature:**  **Date:** Click here to enter text.

**Authorized Official Printed Name/Title:** Click here to enter text.

**Signature:**  **Date:** Click here to enter text.