



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**NONPOINT SOURCE IMPLEMENTATION
 GRANT APPLICATION**

FOR OFFICE USE ONLY	
DATE RECEIVED _____	
ALL DOCUMENTATION RECEIVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. SPONSORING AGENCY INFORMATION

A. NAME OF SPONSORING ORGANIZATION _____	
B. SPONSORING ORGANIZATION MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) _____	C. SPONSORING ORGANIZATION TYPE (CHECK ONE) <input type="checkbox"/> Educational Institution <input type="checkbox"/> Nonprofit 501(c)(3) <input type="checkbox"/> Government: specify: _____
Congressional District Number: _____	Sponsor Federal Tax ID Number: _____ DUNS Number: _____
D. PRIMARY SPONSOR CONTACT (NAME, TITLE, TELEPHONE NUMBER WITH AREA CODE, FAX NUMBER WITH AREA CODE, E-MAIL ADDRESS) _____	E. PROJECT MANAGER CONTACT INFORMATION (IF DIFFERENT FROM PRIMARY CONTACT) _____

2. PROJECT INFORMATION SUMMARY

A. NAME OF PROJECT _____	
B. PROJECT START DATE (MM/DD/YYYY) _____	C. PROJECT END DATE (MM/DD/YYYY) _____
D. PROJECT TYPE (PROVIDE A PERCENTAGE BREAK DOWN OF THE ANTICIPATED ACTIVITIES TO BE CONDUCTED DURING THE PROJECT. THE TOTAL SHOULD EQUAL 100 PERCENT.) _____ % Info/Educational _____ % Monitoring _____ % Implementation _____ % Demonstration	

E. PROJECT BUDGET SUMMARY (ALSO COMPLETE THE DETAILED BUDGET WORKSHEET)

	Section 319 Funds Requested	Nonfederal Match [40 Percent]	Other Match [Federal]
Salary	\$ _____	\$ _____	\$ _____
Fringe	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Contractual	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Approved Indirect (%)	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____

3. SIGNATURE

To the best of my knowledge, all the data in the application is true and correct. The documentation has been duly authorized by the governing body of the applicant. As the authorizing representative, I attest that I have read the required documents and assure that I can and will comply with all requirements and conditions of this grant if awarded.

NAME AND TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE (PRINT OR TYPE) _____	SIGNATURE _____	TELEPHONE NUMBER WITH AREA CODE _____
NAME AND TITLE OF APPLICANT (PRINT OR TYPE) _____	SIGNATURE _____	TELEPHONE NUMBER WITH AREA CODE _____

Mail completed copies to: Missouri Department of Natural Resources, Water Protection Program, Watershed Protection Section, Attn: Nonpoint Source State Coordinator, P.O. BOX 176, Jefferson City, MO 65102-0176
 Phone: 800-361-4827 or 573-751-7428 Fax: 573-526-6802

4. DETAILED PROJECT INFORMATION

A. WAS A PRE-PROPOSAL SUBMITTED TO THE MISSOURI DEPARTMENT OF NATURAL RESOURCES FOR REVIEW?

Yes No

B. DID YOU OR YOUR GROUP ATTEND THE MISSOURI DEPARTMENT OF NATURAL RESOURCES SECTION 319 NONPOINT SOURCE APPLICATION TRAINING?

Yes No NA (if not offered in RFP)

C. PROJECT GEOGRAPHIC COVERAGE (CHECK ONE AND COMPLETE THE CORRESPONDING INFORMATION AS NEEDED) – ATTACH MAP OF WATERSHED OR PROJECT AREA.

Statewide

Regional Area..... Counties Affected: _____

8-digit HUC Number(s): _____

Watershed..... Watershed HUC Number: _____

Watershed Name: _____

Watershed Size (Acres): _____

Counties Affected: _____

D. HAS A WATERSHED MANAGEMENT PLAN BEEN DEVELOPED FOR THE PROJECT AREA?

Yes No

E. IF YES, IS IT AN EPA NINE ELEMENT PLAN? (PROVIDE AN ELECTRONIC COPY OF PLAN FOR REVIEW.)

Yes No

F. IF NO, WILL THIS PROJECT DEVELOP AN EPA NINE ELEMENT PLAN?

Yes No

G. WATERSHED POLLUTANTS TO BE ADDRESSED (CHECK ALL THAT APPLY)

- Excess Nitrogen
- Excess Phosphorus
- Sedimentation
- Bacteria
- Low Dissolved Oxygen
- Pesticides
- pH
- Temperature
- Other (specify) _____

H. NONPOINT SOURCES TO BE ADDRESSED (CHECK ALL THAT APPLY)

- Animal Agriculture
- Construction
- Hydrologic Modifications
- Agriculture Crop Land
- Riparian Corridor
- Stream Bank
- Urban Runoff
- Other (specify) _____

I. IS THE WATER BODY LISTED AS IMPAIRED ON MISSOURI'S 303(D) LIST? IN THE SPACE PROVIDED, ALSO LIST THE MAIN POLLUTANT AND SOURCE.

Yes No

J. WILL THIS PROJECT ADDRESS A TOTAL MAXIMUM DAILY LOAD?

Yes No If yes, provide an electronic copy of TMDL.

5. PROJECT NARRATIVE

The narrative should be clear, concise and address all the following elements within this section. Refer to the application instructions for additional information. If water quality monitoring is to be conducted during the project, complete the *Section 319 Water Quality Monitoring Worksheet*. A separate *Detailed Budget Worksheet* shall also be completed detailing water quality monitoring expenses.

A. PROJECT BACKGROUND

1. DESCRIBE THE PROJECT AREA (E.G., LAND USE, SOIL TYPE, GEOLOGY OF AREA, WATER QUALITY CONCERNS, PAST OR CURRENT WATERSHED/STREAM IMPROVEMENT EFFORTS).

2. PROVIDE A BRIEF AND CLEAR STATEMENT OF THE PROJECT PURPOSE.

3. DESCRIBE WHO WILL BE THE TARGET AUDIENCE(S) AND WHY?

**B. PROJECT GOALS,
OBJECTIVES AND
TASKS**

1. WHAT IS THE OVERALL GOAL(S) YOU WISH TO ACHIEVE THROUGH THE PROJECT?

	<p>2. WHAT IS THE MAIN OBJECTIVE(S) OF THE PROJECT?</p>
	<p>3. LIST ALL THE ACTIVITIES YOU WILL IMPLEMENT TO ACHIEVE THE PROJECT OBJECTIVES (E.G., NUMBER OF EDUCATIONAL OR IMPLEMENTATION ACTIVITIES, STREAM CLEAN UP OR WATER QUALITY MONITORING EVENTS).</p>
<p>C. MANAGEMENT AND COORDINATION</p>	<p>1. DESCRIBE WHO WILL MANAGE THE PROJECT AND THEIR SPECIFIC DUTIES.</p>

**MANAGEMENT AND
COORDINATION
(CONTINUED)**

2. IF APPLICABLE, DESCRIBE HOW CONTRACTING AND SUBCONTRACTING WILL BE DONE.

3. DESCRIBE HOW OTHER AGENCIES, ORGANIZATIONS, OR CITIZENS WILL BE CONTRIBUTING TO THE PROJECT (ATTACH LETTERS OF SUPPORT AND COMMITMENT).

4. DESCRIBE THE TYPES OF RESOURCES THAT WILL BE USED TO COMPLETE THE PROJECT (E.G., TIME AND STAFF, VOLUNTEERS, OTHER FUNDING, DONATED EQUIPMENT/SUPPLIES).

**D. IMPLEMENTATION
OF BEST
MANAGEMENT
PRACTICES (BMPS)**

1. FOR IMPLEMENTING BMPS, LIST THE PRACTICES AND HOW THEY WILL ADDRESS THE WATERSHED CONCERNS/POLLUTANTS.

2. EXPLAIN WHICH TECHNIQUES USED BY THIS PROJECT ARE INNOVATIVE (E.G., EMERGING PRACTICES SUCH AS LOW IMPACT DEVELOPMENT) AND WHY.

**E. PUBLIC OUTREACH
AND PARTICIPATION**

1. DESCRIBE THE ACTIVITIES THAT WILL BE CONDUCTED TO PROMOTE THE PROJECT.

	<p>2. DESCRIBE HOW THE PROJECT RESULTS WILL BE SHARED WITH THE PUBLIC AND HOW THE PROJECT WILL ENCOURAGE PUBLIC PARTICIPATION.</p>
<p>F. FINAL PRODUCTS AND MEASUREABLE ENVIRONMENTAL RESULTS</p>	<p>1. LIST THE NUMBER OF PRODUCTS TO BE PRODUCED DURING THIS PROJECT (BROCHURES, NEWS RELEASES, SIGNAGE, QAPP, QUARTERLY AND FINAL PROJECT REPORTS, WEB PAGES, GIS MAPS/SHAPEFILES, PUBLIC SERVICE ANNOUNCEMENTS).</p> <p>2. DESCRIBE THE EXPECTED OUTCOMES BECAUSE OF THIS PROJECT (E.G., INCREASE KNOWLEDGE, CHANGE BEHAVIOR BY, OR REDUCE POLLUTANT LOADING BY "X" %).</p>

3. WHICH EVALUATION METHODS WILL BE USED TO MEASURE THE ENVIRONMENTAL RESULTS AND DETERMINE SUCCESS OF THE PROJECT? (CHECK ALL THAT APPLY AND PROVIDE ADDITIONAL INFORMATION WHERE REQUESTED). SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION REGARDING WHAT IS REQUIRED FOR IMPLEMENTATION AND EDUCATIONAL PROJECTS.

**LOAD
REDUCTIONS**

DESCRIBE HOW LOAD REDUCTIONS WILL BE DETERMINED (E.G., DIRECT WATER QUALITY MEASUREMENTS OR POLLUTANT LOAD MODELING – IF MODELING; SPECIFY MODEL TO BE USED AND WHO WILL RUN THE MODEL).

**PHYSICAL
RESTORATION**

DESCRIBE THE UNITS OF PHYSICAL RESTORATION THAT WILL BE USED TO DETERMINE SUCCESS (E.G., NUMBER OF ACRES OF WETLANDS RESTORED, LINEAR FEET OF RIPARIAN BUFFERS IMPLEMENTED).

**KNOWLEDGE OR
BEHAVIOR
CHANGE**

DESCRIBE HOW YOU WILL DETERMINE KNOWLEDGE AND/OR BEHAVIOR CHANGES (E.G., PRE- AND POST- SURVEYS, ORDINANCE AND POLICY DEVELOPMENT).

**OTHER
MEASUREABLE
IMPROVEMENTS**

DESCRIBE HOW INDIRECT OR OTHER MEASUREABLE IMPROVEMENTS WILL BE DOCUMENTED (E.G., BACTERIA BY COUNTING NUMBER OF BEACH CLOSINGS, VISUAL IMPROVEMENTS AND CHANGES THAT CAN BE DOCUMENTED THROUGH PHOTOGRAPHS).

6. GENERAL SCHEDULE AND MILESTONES

Estimate the expected completion date for each major milestone to be completed for each project year. Attach additional pages as needed. Refer to the application instructions for additional information.

Key Milestone	Responsible Party(ies)	Targeted Completion Date
Year 1		
Year 2		

Year 3

Year 4

ADDED PAGE TO PROVIDE ADDITIONAL INFORMATION AS NEEDED