



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**WATERSHED MANAGEMENT PLANNING
 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 AREA Watershed Name: _____ Hydrologic Unit Code: _____ Size in Acres: _____	
E. PROJECT BUDGET SUMMARY (ALSO COMPLETE AND SUBMIT A DETAILED BUDGET SPREADSHEET)	

	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. IS THE WATERSHED ON THE 303D LIST OF IMPAIRED WATERS OR DOES IT HAVE A TMDL? IN THE SPACE PROVIDED, ALSO LIST THE MAIN POLLUTANT AND SOURCE.

Yes No

B. WILL THE WATERSHED MANAGEMENT PLAN IMPLEMENT A TOTAL MAXIMUM DAILY LOAD?

Yes No

C. HAS A WATERSHED COMMITTEE BEEN FORMED IN THIS WATERSHED?

Yes No IF YES, PLEASE GIVE INFORMATION ON WHEN THE COMMITTEE WAS FORMED, NUMBER OF MEMBERS, HOW OFTEN THE COMMITTEE MEETS, ETC.

D. WILL WATERSHED SUBCOMMITTEES BE FORMED?

Yes No IF YES, PLEASE PROVIDE INFORMATION ON HOW THESE SUBCOMMITTEES WILL BE CREATED.

E. WHAT PARTNERSHIPS WILL BE FORMED? PLEASE PROVIDE INFORMATION ON HOW PARTNERSHIPS WILL BE CREATED.

F. BRIEFLY EXPLAIN HOW STAKEHOLDERS WILL BE INVOLVED OR ENCOURAGED TO PARTICIPATE IN THE PROJECT OR PLANNING EFFORTS.

G. HOW WILL THE PLAN BE PRESENTED TO THE STAKEHOLDERS?

H. DOES THIS PROJECT LINK TO OTHER GRANT PROGRAMS OR OTHER EFFORTS IN THE WATERSHED?

5. PROJECT NARRATIVE

The narrative should be clear, concise and address all the following elements within this section. If water quality monitoring is to be conducted during the project, please complete the Section 319 Water Quality Monitoring Worksheet.

A. WATERSHED CHARACTERISTICS: PROVIDE A BRIEF DESCRIPTION OF THE WATERSHED (E.G. LOCATION OF WATERSHED, GENERAL SOIL TYPE AND LANDUSE, NUMBER OF COMMUNITIES AND POPULATION SIZE, ETC.). ATTACH ADDITIONAL PAGES IF NECESSARY. PLEASE ATTACH A MAP OF THE WATERSHED FOR REFERENCE.

B. GOALS AND OBJECTIVES: CLEARLY AND CONCISELY DESCRIBE THE OVERALL GOAL(S) OF THE PROJECT, THE OBJECTIVE(S) THAT WILL BE COMPLETED TO ACCOMPLISH THE PROJECT GOAL AND HOW THE WATERSHED WILL BENEFIT FROM A WATERSHED MANAGEMENT PLAN.

C. PROJECT OUTPUT: CLEARLY STATE WHAT WILL BE PRODUCED DURING THE PROJECT PERIOD (E.G. NUMBER OF WORKSHOPS, PUBLIC MEETINGS, NEWS RELEASES, NEWS LETTERS, MAILINGS, WEB SITES PRODUCED). ALSO INDICATE IF WATER QUALITY MONITORING AND ASSESSMENT DATA WILL BE COLLECTED.

6. WATERSHED MANAGEMENT PLAN SCHEDULE

Estimate the expected completion date for each critical element. If water quality monitoring is to be conducted during this project, please complete and submit the Section 319(h) Water Quality Monitoring Worksheet. Attach additional sheets as necessary.

Required Critical Elements (Summary)	Responsible Party	Target Completion Date
<p>a. Impairment - An identification of the causes and sources of pollution (point and nonpoint) and pollutant(s) that will need to be controlled to fix the water body (lake, river, stream) impairment, and to achieve any other watershed goals.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>b. Load Reductions - An estimate of the pollutant load reduction(s) expected for a water body. Modeling can be simple or quite complex depending upon the application. Spreadsheets and land cover mapping are typically employed in these models to estimate load reductions.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>c. Management Measures – A description of the nonpoint best management practices that will need to be implemented to achieve the pollutant load reductions identified in element b.</p> <p>List the major task that will be conducted to complete this element.</p>		

<p>d. Technical & Financial Assistance – An estimate of the amounts of technical and financial assistance that is needed and/or the sources and authorities that will be relied on to implement the best management practices identified in element c.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>e. Public Information & Education – An information/education component that will be used to enhance public understanding of the project and encourage their early and continued participation in selecting, designing, and implementing nonpoint source best management practices that will be implemented.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>f. Schedule – A detailed schedule for implementing best management practices identified in element c.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>g. Milestones – A description of interim, measurable milestones for determining whether nonpoint source best management practices or other controls are being implemented.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>h. Performance – Criteria to determine whether loading reductions are being achieved over time and if progress is being made towards attaining water quality standards and, if not, the criterion to determine if this plan, or a related total maximum daily load, needs to be revised.</p> <p>List the major task that will be conducted to complete this element.</p>		

<p>i. Monitoring – A monitoring component to evaluate the effectiveness of the implementation efforts over time.</p> <p>List the major task that will be conducted to complete this element.</p>		
<p>Other Milestones:</p>	<p>Responsible Party</p>	<p>Target Completion Date</p>
<p>Form Watershed Planning Committees</p>		
<p>Watershed Planning Committee Meetings</p>		
<p>Public Meetings</p>		
<p>Post Draft Watershed Management Plan for Public Review and Comment</p>		
<p>Submit Draft Watershed Management Plan to Missouri Department of Natural Resources for Review</p>		
<p>Submit Quarterly Reports to Missouri Department of Natural Resources (Based on project start date)</p>		
<p>Submit Annual Reports to Missouri Department of Natural Resources (Annually on Oct. 15 and at close of project)</p>		
<p>Submit Finalized Watershed Management Plan to Missouri Department of Natural Resources</p>		
<p>Print and Distribute Finalized Watershed Management Plan</p>		