

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

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

**1. SPONSORING AGENCY INFORMATION**

A. NAME OF SPONSORING ORGANIZATION	B. HAS THE SPONSOR RECEIVED ANY PREVIOUS SECTION 319 GRANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
C. SPONSORING ORGANIZATION MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	D. DOES THE SPONSORING AGENCY HAVE ANY OTHER OPEN 319 GRANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE PROJECT TITLE AND PROJECT NUMBER:
E. SPONSORING ORGANIZATION TYPE (CHECK ONE) <input type="checkbox"/> EDUCATIONAL INSTITUTION <input type="checkbox"/> NONPROFIT 50 1(C)(3) <input type="checkbox"/> GOVERNMENT: SPECIFY:	F. SPONSORING ORGANIZATION INFORMATION SPONSOR FEDERAL TAX ID NUMBER: DUNS NUMBER: CONGRESSIONAL DISTRICT NUMBERS:
G. PRIMARY SPONSOR CONTACT (NAME, TITLE, TELEPHONE NUMBER WITH AREA CODE, FAX NUMBER WITH AREA CODE, E-MAIL ADDRESS)	H. 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 BUDGET SUMMARY <i>ALSO REQUIRED: A COMPLETED DETAILED BUDGET (ATTACHMENT E) ALONG WITH BUDGET NARRATIVE AND MATCH JUSTIFICATION (SECTION 10)</i>			
	Section 319 Federal Funds Requested	Nonfederal Match [[ (40 / 60 ) * 319 Funds Requested ]]	Other Match [Federal]
Salary	\$	\$	\$
Fringe	\$	\$	\$
Travel	\$	\$	\$
Equipment (over \$5,0 0 0 )	\$	\$	\$
Supplies	\$	\$	\$
Contractual	\$	\$	\$
Other	\$	\$	\$
Approved Indirect ( % ) 13% maximum	\$	\$	\$
Totals (verify all calculations)	\$	\$	\$

**3. SPONSORING AGENCY'S AUTHORIZED SIGNATURE AND APPROVAL OF APPLICATION**

To the best of my knowledge, all the information 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 OR PROJECT MANAGER (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: Ms. Darlene Schaben, P.O. BOX 176, Jefferson City, MO 65102-0176 Phone: 800-361-4827 or 573-751-7428.

**4. PROJECT WATERSHED**

WATERSHED NAME	COUNTY	USGS 12-DIGIT HYDROLOGIC UNIT CODE (HUC)	ENVIRONMENTAL JUSTICE PRIORITY RANK (IF KNOWN)	DOES THIS WATERSHED HAVE A DEPARTMENT ACCEPTED WATERSHED BASED PLAN OR COMPLETED TMDL?			
				WATERSHED BASED PLAN		TMDL	
				YES	NO	YES	NO

**5. PROJECT TYPE**

A. CHARACTERIZE YOUR PROJECT USING THE FOLLOWING GENERAL STATEMENTS. SELECT ALL THAT APPLY.

- |   |  |
|---|--|
| <input type="checkbox"/> Stream and Riparian Restoration and Protection | <input type="checkbox"/> Lake Management and Restoration |
| <input type="checkbox"/> Dam and Obstruction Removal/Modification       | <input type="checkbox"/> Abandoned Mine Stream/Drainage  |
| <input type="checkbox"/> Wetland Restoration and/or Protection          | <input type="checkbox"/> Agricultural Best Management    |
| <input type="checkbox"/> Innovative Stormwater Demonstration            |  |

B. CHOOSE **ONE** ENVIRONMENTAL GOAL STATEMENT.

- Project is designed to eliminate impairments
- Project is designed to restore impaired waters
- Project is designed to reduce NPs pollution
- Project prevents nonpoint source pollution
- Other (*please specify*):

C. CHOOSE **ONE** CAUSE OF IMPAIRMENT STATEMENT THAT BEST CHARACTERIZES THE PROPOSED PROJECT.

- Project addresses habitat or hydro-modifications impairments
- Project addresses silt/sediment impairments
- Project addresses nutrient - caused impairments
- Project addresses impairments caused by mine drainage
- Project addresses impairments caused by other nonpoint sources. (*please specify*):

**6. DETAILED PROJECT WORK PLAN NARRATIVE AND DELIVERABLES SECTION**

INSTRUCTIONS: For each project type checked in section 5.a. above, **complete the corresponding detailed work plan narrative and deliverable worksheet(s)**. The project work plan narratives should provide a concise but detailed description of the proposed project, including all specific actions that will be conducted to ensure successful implementation. At minimum, be sure to include the "who, what, when, and how" the project will be completed. All project work plan narratives should include the following information.

1. If applicable, provide a description of any means that will be used to permanently protect a restored project site (such as easements, etc.).
2. Provide a statement identifying the nonpoint source pollution and/or problems that this project is designed to address.
3. Provide a detailed description of the project site. This should include site location, environmental conditions, accessibility, ownership, etc. include maps, and relevant pre-site condition photos
4. If the project is implementing a cost-share program, provide the following information:
  - Methods for identifying areas of known problems.
  - Methods for focusing practices in specific problem areas.
  - The maximum amount and percentage of cost-share for each project.
  - The process for prioritizing cost-share participants.
  - The process for certifying satisfactory installation prior to making payment to landowner.
  - The method for insuring the management practice will be maintained properly for the life of the management practice (inspection, operation, and maintenance agreements, etc.).
5. Explain how the success of the project will be evaluated and measured.
6. List deliverables associated with the project type to be implemented, the estimated costs, and the expected pollutant load reductions to be achieved for each project type checked in section 5.a. above. The load reduction estimates, at minimum, shall be calculated for nitrogen (lbs/yr), phosphorus (lbs/yr), and sediment (lbs/yr). Example of deliverables: RFP, contracts, plans, designs, reports, acres, linear feet, square feet, cubic yards, channels, structure, systems, etc.(Application Supplemental Form B)
7. Provide detailed project implementation narrative/work plan. Include specific information that has been pre-planned and negotiated, provide list of permits and permissions that have been obtained, and the processes that will be followed to implement each project type.
8. The project work plan narrative should be highly detailed. Three pages are recommended but additional pages may be used if necessary.
9. All projects are required to include a low cost Information and Education/Outreach component that is specific to the project location and practices
10. All projects proposing monitoring as part of their project are required to complete the Monitoring Water Quality Monitoring Worksheet (see Supplemental Form A).
11. If subcontracting will be conducted, also provide the system that will be followed to select subcontractors and how inspections will be completed to insure the work has been properly completed by the subcontractor. Also provide a list of deliverables to be provided by the sub-contractor for professional (e.g. hours of service, etc.) and/or construction services (e.g. linear feet/acres implemented, square feet of restoration, etc.), as needed.

**NOTES: IF MONITORING IS CONDUCTED COMPLETE SUPPLEMENTAL FORM A, WATER QUALITY MONITORING WORKSHEET. INCLUDE WITH THIS APPLICATION ONLY THE PROJECT WORKSHEET(S) THAT APPLY TO YOUR PROJECT (SEE SUPPLEMENTAL FORM B).**

**7b. PROJECT SPECIFIC EDUCATION AND OUTREACH - DETAILED PROJECT WORK PLAN AND DELIVERABLES WORKSHEET**

**7a. PROJECT SPECIFIC OUTREACH DELIVERABLES WORKSHEET (THIS WORKSHEET IS REQUIRED FOR ALL APPLICANTS)**

Watershed Name and Hydrologic Unit Code (HUC)

**Directions:** ALL applicants for Section 319 Project grants MUST complete a project specific outreach deliverable and timeline worksheet in addition to the detailed project workplan narratives included in the application. Helping the public to become aware and informed about the benefits of your projects is a critical component of any successful water quality project. We recommend that all restoration and/or stormwater projects install project specific signs, construct informational kiosks (where applicable) and develop other items to inform the public of your project. Please include all project specific outreach deliverables that will be produced as part of your project and the number of each item using the "deliverable units" listed below. If an item that will be produced is not included on the list, please use the "Other" category and specify the deliverable. **Cost of deliverables should be no more than 10 percent of the total subgrant cost and associated salary should be considered with the 30 percent total salary and administration allowed for the subgrant.**

Project Activity	Deliverables Associated with Proposed Project Activity	Deliverable Units	Deliverable Units that will be Completed
<b>Project Specific Outreach</b>	Develop Project Fact Sheets	Fact Sheets	
	Conduct Public Meeting	Public Meetings	
	Develop Press Releases	Press Releases	
	Create/Maintain Websites	Website	
	Install Project Signs	Signs	
	Develop Displays	Displays	
	Install Informational Kiosk	Kiosks	
	Conduct Tours	Tours	
	Conduct Tours via Canoe	Canoe Tours	
	Conduct Stream Clean-Ups	Clean-Ups	
	Conduct Field Days	Days	
	Conduct Workshops	Workshops	
	Develop Newsletters	Newsletters	
	Other (specify)		
	Other (specify)		
Other (specify)			
Other (specify)			

An education and outreach component is necessary to help the public to become aware and informed about the benefits of your proposed projects. Provide a brief but concise narrative of the outreach component. Include;

- Responsible party if other than the applicant.
- Anticipated environmental outcomes
- Activities that will be conducted to promote the project
- Activities planned to promote project results
- Method and measures of encouraging public participation or support
- Explanation of how the planned outreach activities will maintain narrow focus on the main project deliverables.

TOTAL ESTIMATED COST OF THE OUTREACH DELIVERABLES. EXCLUDE SALARY AND ADMINISTRATIVE COSTS, WHICH SHOULD BE INCLUDED IN PART 10 OF THIS APPLICATION.

\$

DETAILED PROJECT IMPLEMENTATION WORK PLAN NARRATIVE:

**8. PROJECT PARTNERS SUMMARY**

LIST ALL PARTNERS AND LOCAL PROPERTY OWNERS WHO HAVE AGREED TO SUPPORT THIS PROJECT BY COMMITTING SERVICES, FINANCIAL SUPPORT, OR AGREE TO IMPLEMENT MANAGEMENT PRACTICES. ADDITIONAL DETAILS MAY BE PROVIDED IN BUDGET FORMS FOUND IN PART 10 AND ATTACHMENT E OF THIS APPLICATION.

Note: Applicant must complete match commitment form in part 10 c for each partner providing project match. These forms will be used in lieu of letters of commitment.

PARTNER NAME AND AFFILIATION	BRIEF EXPLANATION OF THE CONTRIBUTION AND SPECIFIC MATCH COMMITMENT

### 9. PROJECT SCHEDULE OF MILESTONES

PROJECT SCHEDULE OF MILESTONES. THE SCHEDULE OF MILESTONES SHALL PROVIDE A SEQUENCE OF EVENTS THAT WILL BE COMPLETED IN ORDER TO ENSURE PROJECT SUCCESS.

	MAJOR MILESTONE	DATE OF COMPLETION	RESPONSIBLE PARTY
YEAR 1			
YEAR 2			
YEAR 3			

**10. BUDGET, PERSONNEL, SUBCONTRACTING, MATCH JUSTIFICATION, AND MATCH COMMITMENT (Digital Excel Spreadsheet 780 -1896 will be provided)**

PROVIDE EXPLANATION OF BUDGET EXPENSES FOR EACH CATEGORY. APPLICANTS REQUESTING PERSONNEL OR FRINGE BENEFIT FUNDING MUST ALSO COMPLETE A PERSONNEL ROSTER. DETAILS MUST BE PROVIDED IN THE EXCEL WORKSHEETS DESCRIBED IN ATTACHMENT E.

<b>SALARY</b>  <i>INCLUDE: PERSONEL ROSTER, POSITION TITLE, #HRS, HOURLY WAGE, and DESCRIPTION OF TASKS</i>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>FRINGE</b>  <i>INCLUDE PERSONNEL ROSTER and FRINGE RATE</i>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>TRAVEL</b>  <i>PROVIDE PROJECT JUSTIFICATION FOR ALL OUT-OF-STATE TRAVEL</i>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>EQUIPMENT</b> <i>(over \$5,000)</i>  <i>PROVIDE PROJECT JUSTIFICATION FOR PURCHASE(S)</i>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>SUPPLIES</b>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>CONTRACTUAL</b>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH FEDERAL FUNDS:
<b>OTHER</b>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:
	OTHER MATCH - FEDERAL FUNDS:
<b>APPROVED INDIRECT (UP TO 13%)</b>	SECTION 319 FEDERAL FUNDS:
	PROJECT MATCH:

**10 a. PERSONNEL ROSTER WORKSHEETS**

**FEDERAL SECTION 319 GRANT FUNDS**

This form must be completed whenever grant funds are requested for salary and fringe benefit costs only for those employees of the grant-sponsoring organization working on the project.

EMPLOYEE TITLE	NUMBER OF HOURS	HOURLY WAGE	TOTAL SALARY COSTS	FRINGE RATE/HOUR	TOTAL FRINGE COST	ROLE/DESCRIPTION OF TASKS AND RESPONSIBILITIES

**PERSONNEL ROSTER WORKSHEET  
SPONSORING AGENCY MATCHING FUNDS**

This form **MUST** be completed whenever grant funds are requested for salary and fringe benefit costs only for those employees of the grant sponsoring organization working on the project.

EMPLOYEE TITLE	NUMBER OF HOURS	HOURLY WAGE	TOTAL SALARY COSTS	FRINGE RATE/HOUR	TOTAL FRINGE COST	ROLE/DESCRIPTION OF TASKS AND RESPONSIBILITIES

**10 b. SECTION 319 SUBGRANT APPLICATION, SUB-CONTRACT GUIDANCE SHEET**

Following is a table of project items that are frequently sub-contracted by grantees. This sheet provides guidance on the types of deliverables frequently produced under a sub-contract, the units of measure that should be used and how such services should be represented in your subgrant application budget and Sub-Contractual Worksheet. Consult this guidance sheet prior to and while completing your sub-contractual worksheets and your proposed grant budget form. Additional information about these and other forms of sub-contracted deliverables may be obtained by contacting the department at 573-751-7428.

Objective or Project Type	Deliverables	Deliverable Units	Costs should be Represented as
Project Specific Outreach 3rd Party Professional Services Examples include: Engineering, Fiscal Management, Legal and Consulting Services.	Site Assessment and Permitting	Hours of Service	Cost/Hour
	Hydraulic Modeling and Professional Technical Services		
	Project Design and Engineering Services (such as design work)		
	Grants Management and Fiscal Services		
	Construction Project Management Services		
	Conservation Easement Appraisals and Legal Services	Hours or Appraisals Completed	Hourly Rate or Unit Cost
Construction Related Services Examples Include: Restoration, Dam Removal, and Related Activities	Stream Restoration, Stabilization, and/or Renaturalization	Linear Feet Restored	Cost/Linear Foot
	Dam Modification, Demolition, Excavation and/or Removal	Dams Removed	Fixed Total Price
	Levee Removal and/or Modification	Levees Modified	Fixed Total Price
	Wetland Restoration	Acres Restored	Cost/Acre
	Riparian or Wetland Plantings	Acres Planted	Cost/Acre
	Pervious Pavement Installation	Square Feet	Cost/Square Foot
	Green Roof Installation	Units Constructed	Total Unit Cost

**10 b. (CONTINUED) SECTION 319 SUBGRANT APPLICATION, SUB-CONTRACT SUMMARY**

A separate sub-contractual worksheet must be completed when any part of a proposed project will be prepared or produced by a party OTHER than the grant sponsoring organization. (Please copy or contact the department if you need more than one copy of form 10 b.)

<b>Project Sponsor</b>				
<b>Deliverable</b>	<b>Number of Units to be Completed (such as hours of service)</b>	<b>\$ Cost per Unit</b>	<b>Total Estimated \$ Costs</b>	<b>Description</b>

**Total Sub-Contracting Costs Associated with this Project** \$

Briefly describe the process that will be employed by the grant sponsoring organization when selecting sub-contractors (use additional space if necessary):

Narrative

**10 c. MATCH COMMITMENT FORM**

*A match commitment form must be completed for EACH organization that is committing any form of match for the proposed project. Project match becomes "federalized" upon awarding of a grant and are required to meet all Section 319 grant limitations and accounting guidelines.*

<b>Project Title</b>	
<b>Project Partner Name</b>	
<b>Street Address City, State, Zip</b>	
<b>Telephone</b>	

<p><b>Cash match provided:</b>  <i>Cash Match must be deposited directly into the grant account for exclusive use of the project sponsor to complete the project.</i></p>	
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<p><b>In-kind services provided:</b>                  All match other than cash and excluding overhead</p>	
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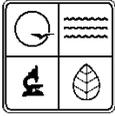
<p><b>Total match value</b></p>	<b>\$</b>
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THIS FORM SHOULD BE USED FOR MATCH CONTRIBUTED BY THE GRANT PARTNERS.

BUDGET CATEGORY	AMOUNT	DESCRIPTION
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Subcontract		
Other		
Cost-Share		
<b>TOTAL</b>	<b>\$</b>	

*"I certify that that no federal funds (or employees paid with federal funds) are being used to match Section 319 monies."*

AUTHORIZED SIGNATURE	NAME AND TITLE OF AUTHORIZED INDIVIDUAL
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**MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM  
NONPOINT SOURCE IMPLEMENTATION GRANT APPLICATION**

**SECTION 319 NPS APPLICATION CHECK LIST**

An accepted 319 Nonpoint Source Implementation Grant application will consist of the following completed forms and project worksheets. Prior to submitting your completed application, review the following checklist carefully. It contains a listing of all the items that are required when submitting a grant application.

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- Nonpoint Source Implementation Application – Including Parts 1-10 a, b, c, and Supplemental forms A and B.
  - Completed and Signed Application Form
  - Budget, Match, Signed Commitment Forms, Subcontractor Worksheets
  - Water Quality Monitoring Worksheet (supplemental form A)
  - Detailed Project and Deliverables Worksheet(s) (supplemental form B)
  - Alternate Project Designs or Completed Study, if applicable
  - Obtained and completed Digital Budget Nonpoint Source Implementation Grant Application Detailed Budget and budget narrative (Excel workbook)
  - Appropriate Maps and pre-project photos if appropriate
- Review and Complete Attachment Forms as Applicable
  - Description of the Organizational Hierarchy
  - Copy of Cost Allocation Plan Rate (indirect rate) and approval from the cognizant agency
  - Anti-lobbying Requirement
  - Copy of IRS confirmation letter identifying Employees Federal Tax Identification Number
  - Grant General Terms and Conditions
  - Grant Special Terms and Conditions
  - FFATA Sub-recipient Informational Form
  - Applicant Capability Determination Questionnaire