

**Ohio Environmental Protection Agency**  
**Section 319(h) Nonpoint Source Program Grant Application**  
**FY17 Section 319(h) Watershed Plan Update Project Grants**

**These forms may only be used for applicants wishing to update existing watershed action plans or Total Maximum Daily Load Studies (TMDL's) to meet US EPA's 9-required elements**

**PROJECT SPONSOR INFORMATION**

**SPONSORING ORGANIZATION**

Mailing Address

City, State, Zip Code

Telephone

Ohio Congressional District Number

Federal Tax Identification #

Dun and Bradstreet 9-digit Number

**PROJECT REPRESENTATIVE**

Mailing Address

City, State, Zip Code

Telephone

Email Address

Total 319 Funds Requested

\$

Total Local Match

\$

Is the project in a watershed with an endorsed watershed plan or AMDAT?

YES

NO

Estimated Project START date

COMPLETION date  
(may not be more than 6 months from start date)

**SPONSOR AUTHORIZATION**

*To the best of my knowledge and belief, all data and information contained in this project application are true, current and correct. This application package is duly authorized by the following governing body*

Name & Title of Authorized Individual

Authorized Individual Signature

Date

# Supplemental Information

Answer each question as it best describes your watershed planning project?

YES

NO

Is the proposed project site within the Lake Erie watershed?

Is the project in a priority watershed listed in the RFP? Priority watersheds are as follow:

St. Joseph River    Swan Creek    Tiffin River    Flatrock Creek  
 Blanchard River    St. Marys River    Auglaize and Little Auglaize Rivers  
 Maumee River mainstem and direct tributaries

Are overhead and administrative costs less than 10% of the total cost?

Is the HUC-12 project watershed within a perennial waterway that is identified as an impaired water or a threatened high quality waterway?<sup>1</sup>

## HUC-12 PLANNING PROJECT WATERSHEDS

*Funds are limited to contracting and other direct costs associated with updating plans at HUC-12 level only. Successful applicants may update plans to meet US EPA's 9-elements for as many as four different HUC-12 watershed plan ONLY IF THEY ARE CONTIGUOUS to one another. No more than 4 HUC-12's plans may be updated to meet US EPA's 9-elements under this grant.*

WATERSHED NAME	USGS Hydrologic Unit Code Please use new 12 digit HUC	Does this watershed have an endorsed watershed action plan or a completed TMDL?			
		9-Element Watershed Plan <sup>2</sup>		TMDL with 9-element implementation or AMDAT Plan?	
		YES	NO	YES	NO

<sup>1</sup> ALU – Designated Aquatic Life Use

<sup>2</sup> A watershed plan that meets the 9-elements identified by US EPA **must be in place and approved** by Ohio EPA and US EPA BEFORE a project may be recommended for funding IN winter 2016-2017. Such plans DO NOT have to be in place at the time of application.

## Detailed Project Work Plan

Applicants requesting grant funds to prepare and/or update HUC-12 watershed plans so that they meet US EPA's 9 required elements must provide a work plan describing the activities (such as contracting with a consultant to complete the project) that will be completed with a specific timeline that will insure completion within the six month grant period. Applicants should also include details such as how they will select consultants (if applicable) and a description of their capacity to administer a federal section 319 grant. This description should be limited to no more than one or two pages of narrative. Applicants should also provide a USGS (or comparable) map of the selected HUC-12(s) that will have 9-elements watershed plans prepared or updated as a result of this project. Successful applicants will be required to use Ohio EPA's approved template for 9-element watershed plans. The template and a sample watershed plan may be found at <http://epa.ohio.gov/dsw/nps/index.aspx#120843256-for-additional-information>.

**Detailed Project  
Work Plan  
(continued)**

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**FY17 Section 319 Watershed Plan Update Application**  
**Part Four (A): Budget Worksheet**  
**Grant and Local Matching Funds**

**Watershed Planning Projects**  
**Budget Justification**

*Provide a summary of your project budget (by category) and include a **BRIEF** justification and **ITEMIZED** breakdown for the amount proposed in each category. **ANY** budget category with an amount entered **MUST** be accompanied by a justification/description. Applicants requesting **PERSONNEL** and/or **FRINGE BENEFIT** funding **MUST** also complete a **PERSONNEL ROSTER**.*

Category	Federal \$\$ Requested	Local Match \$\$ Provided <sup>3</sup>	BUDGET Justification & Description
<b>Personnel:</b> Include a Personnel Roster if Personnel funds are requested.			
<b>Fringe Benefits</b> Include a Personnel Roster if Fringe Benefit funds are requested			
<b>Travel</b>			
<b>Supplies</b>			
<b>Subcontract:</b> Include a Subcontract Worksheet.			
<b>Cost Share</b>			
<b>TOTAL</b>			

<sup>3</sup> Local match may be provided as cash or in-kind services. All in-kind provided as match must be project specific and meet the same guidelines as the federal 319 grant funds.



## Section 319 Watershed Plan Update Subgrant Application

### Part Four (C): SUB-CONTRACT Worksheet

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.

<b>Project Sponsor</b>				
<b>PROJECT Title</b>				
Deliverable	# of Units to be Completed (such as hours of service)	\$\$ Cost per Unit	Total Est. \$\$ Costs	Description
<b>Total Sub-Contracting Costs Associated with this Project</b>				

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

# Match Commitment Form

A match commitment form must be completed for EACH organization that is committing any form of local match to the proposed project. Local 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 Sponsor</b>	
<b>Street Address</b> <b>City, State, Zip</b>	
<b>Telephone</b>	

<b>CASH MATCH PROVIDED:</b> Cash Match must be deposited directly into the grant account for exclusive use of the project sponsor to complete the project.	
<b>IN-KIND SERVICES PROVIDED:</b> All match other than cash	
<b>TOTAL MATCH VALUE</b>	

**THIS FORM SHOULD BE USED ONLY FOR MATCH BEING PROVIDED BY THE GRANT SPONSOR/APPLICANT. USE THE OTHER LOCAL MATCH FORM FOR MATCH PROVIDED BY OTHER PROJECT PARTNERS.**

Budget Category	AMOUNT	Description
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Subcontract		
Other		
Cost-Share		
Indirect (only available if you have a previously negotiated federal indirect rate)		
<b>TOTAL</b>		

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

<b>Name &amp; Title of Authorized Individual</b>	
<b>Signature</b>	