NORTH CAROLINA DIVISION OF COASTAL MANAGEMENT
PLANNING & MANAGEMENT GRANT PROGRAM
GRANT APPLICATION 2022-2023

Local Government: _____ Federal ID Number: 56- _____

Project Name: _____

Brief Project Description:

Type of Project (choose one): Beach Management Plan Local Ordinances Covering Estuarine and Navigable Water Other _____	
Local Government Project Administrator: Name: _____ Title: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Email: _____	**Lead Elected Official:** Name: _____ Title: _____ Address: _____ City, State, Zip:_____ Email: _____

Budget Totals and Financial Assistance Requested: *Provide information from Project Budget. Round costs to the nearest dollar.*

Grant funds requested:
 	
$ _____.00
	Local government's matching funds: $ _____.00
	
	    Cash Match: $ _____.00
	
	    In-kind Match: $ _____.00
	
	    Other Grant Asst: $_____.00
		Total cost of project:
		
		$ _____.00

Local Government Approval: Each grant application must be reviewed and approved by the local governing board at a duly advertised public hearing or meeting. Provide a memorandum resolution, or copy of the minutes indicating the board's action on the application.

Date of Public Hearing or Public Meeting: _____

Certification

I hereby certify the information contained in the attached application is true and correct and the required matching funds will be available during the project period.

_____   _____   _____
Print or Type Name   *Title*   *Signature*

PROJECT NARRATIVE

Provide the following narratives. If necessary, use additional pages.

A. **Does the project meet this year prioritized project topics**? If yes, indicate how the project meets the topic.

   1) Beach Management Plans in accordance with 15A NCAC 07J.1200.

   2) Local Ordinances Covering Estuarine and Navigable Waters.

B. **For Beach Management Plan applicants ONLY**: Has the applicant completed construction of an initial large-scale beach fill project(s) as defined in 15A NCAC 07H .0305 that required the creation of a pre-project vegetation line(s)? What is the date of completion?

C. **Project description**

D. **List project objectives**

E. **Expected project product(s)**

F. **Pre-project tasks:** Identify tasks that must be completed prior to starting the project.

G. **Certified Land Use Plan:** Title and initial CRC Certification Date

H. **Date of last Land Use Plan Implementation Status Report:**

   An implementation status report is required to be submitted every two (2) years after the initial state certification date. In order to be eligible for this grant, the community must be up to date on their implementation reporting. An implementation status report will be required as an attachment to this grant application if an up to date report is not on file with DCM.   See 15A NCAC 07B.0804 for report requirements.

I. **Is this project identified as a high local priority in your certified Land Use Plan?**

   If yes, attach a brief description of the plan and a statement of the extent to which the project implements the policies of this plan.

J. **Is this project reflected in any other policy documents or ordinances?**

   If yes, attach a brief description of the document or ordinance and a statement of the extent to which the project implements goals of the documents or ordinance.

K. **Will the project require local adoption by the elected officials in order to be implemented?**

Project Budget

This form must be completed and included with your application. Round project costs to the dollar.

If available, attach a detailed breakdown of the cost assumptions upon which the Project Budget is based. Proposals that include this information increase their likelihood of funding.

Project Elements	Grant	Cash Match	In Kind	Total
Subcontract Costs:				
	$	$	$	$
	$	$	$	$
	$	$	$	$
Salaries:				
	$	$	$	$
	$	$	$	$
	$	$	$	$
Printing:				
	$	$	$	$
	$	$	$	$
	$	$	$	$
Materials:				
	$	$	$	$
	$	$	$	$
	$	$	$	$
Equipment:				
	$	$	$	$
	$	$	$	$
	$	$	$	$

	Grant	Cash Match	In Kind	Total
Totals	$	$	$	$
Match Percentages	%	%	%	%

Proposed Local Match

Local Government: _____ **Project Name:**_____

Instructions: Use the form below to show the sources of your matching funds. Indicate if these funds are currently available or are the funds yet to be approved. If funds are yet to be approved, list the date for approval. If applicable, provide additional narrative related to in-kind match and/or state/federal funds.

Applicants are encouraged to include their local contribution in their budget.

Source of Matching Funds			
Type of Matching Funds	**Amount of Funds**	**Funding Source**	**Availability (Month/Year)**
	$		
	$		
	$		
	$		
	$		
Total Matching Funds:	$		

Additional Narrative:

Provide narrative explaining the relevance of proposed in-kind match to the project.

If other state and/or federal funds are to be used as local match, indicate the specific project elements that will qualify for joint funding. How viable is the project if complementary funding from another program is not secured?

PROJECT TIMELINE

The project timeline establishes benchmarks during the project period to ensure timely completion. Progress monitoring occurs at 3-month intervals over the contract. We recognize that unexpected events may require adjustments to the timeline. The schedule is meant to be an aid for measuring the progress of the project and a guide to making adequate contract adjustments when necessary.

Task	1	2	3	4	5	6
Return Contract						
Post RFP						
Select Subcontractor						
Begin Project						
End Project						
Close-Out						

PROJECT REPORTING PERIODS

PROJECT SCHEDULE AND ACTIVITIES CHART

Provide an outline of the projects schedule and activities to be completed in each 3-month period of the project. Include the amount of grant and local funds proposed to be spent in each project period. Include a 10% holdback of the total grant award in the third reporting period. Do not include the non-cash match.

Total Grant Funds: $ _____   +   Total Local Funds: $_____   =   Total: $_____

PROJECT PERIOD 1	
Grant funds to be spent $ _____ Local Funds to be spent $_____	**Work to be completed _____%** • • • • •
PROJECT PERIOD 2	
Grant funds to be spent $ _____ Local Funds to be spent $_____	**Work to be completed _____%** • • • • •