|  |  |
| --- | --- |
| ***1. PROJECT TITLE*** | Please enter a brief title for your project. |
|  | |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **2.** ***PROJECT SYNOPSIS*** | | Please briefly describe your project and what you hope to accomplish, using public-friendly, non-technical writing style; this synopsis will be used in program reports and outreach material. (Max 500 words) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***3a. APPLICANT INFORMATION:*** Please provide contact information for the entity that will sponsor the project and be responsible for project management and grant administration activities. | | | |
| Organization Name: |  | | |
| Primary Contact Name: |  | | |
| Title: |  | | |
| Mailing Address |  | | |
| City |  | State | Zip |
| Telephone |  |  | Fax |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***3b. ADMINISTRATIVE ADDRESS:*** Please provide contact information where contract will be mailed for signature. | | | |
| Name: |  | | |
| Title: |  | | |
| Organization Name: |  | | |
| Mailing Address |  | | |
| City |  | State | Zip |
| Telephone |  |  | Fax |
| Email |  | | |
| Federal Tax ID Number |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***3c. PAYMENT ADDRESS:*** Please provide contact information where invoice payments will be mailed. | | | |
| Name: |  | | |
| Title: |  | | |
| Organization Name: |  | | |
| Mailing Address |  | | |
| City |  | State | Zip |
| Telephone |  |  | Fax |
| Email |  | | |

|  |  |
| --- | --- |
| ***4. PROJECT COST*** | Applicants must commit to a minimum non-federal match of 40% of total project cost. Formula to calculate Match Commitment:  [(319 dollars requested)/.60] – (319 dollars requested) = required non-federal match |
| 319 $ Requested |  |
| Match $ to be Contributed |  |
| Total Project Cost |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***5. PROJECT TIMEFRAME*** | Please indicate a desired start and end date for the project. Note that FY2022 funds will not be available until Summer 2022, with timelines ultimately dependent on approval of federal budgets. All projects must be completed no later than June 30, 2026 | | | |
| Project Start Date | |  | Project End Date |  |

|  |  |
| --- | --- |
| ***6. PROJECT LOCATION AND WATERSHED CHARACTERISTICS*** | Please provide information about the project location and waterbodies impacted. For latitude and longitude, pick a representative location for your project and enter in decimal degrees. |
| River Basin |  |
| Watershed(s) |  |
| Size of Watershed(s) or Drainage Area |  |
| Size of Project Area (if not entire watershed) |  |
| Hydrologic Unit Code (s) and watershed Name(s)  (12-digit USGS Hydrologic Unit Codes) |  |
| County(s) |  |
| \*Longitude (Decimal degrees out to 6 decimals if possible) | (*should be between negative 75 and negative 84)* |
| \*Latitude (Decimal degrees out to 6 decimals if possible) | (*should be between positive 33 and 37)* |

*\*Please use* [*www.latlong.net*](http://www.latlong.net) *or similar site and test coordinates before submitting*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***7. NONPOINT SOURCE POLLUTION IMPAIRMENTS*** | | | List all impaired water bodies identified in the approved [2020 NC 305(b) Integrated Report](https://files.nc.gov/ncdeq/Water%20Quality/Planning/TMDL/303d/2020/NC_2020_Category5_303dlist.pdf) that are directly addressed by the project. | | |
| Segment Name/ AU Number/Length (miles) or (Embayment Acreage) | Description from Section 305 (b) Integrated Report | County Location(s) | | Criteria Violated or Documented Water Quality Impairment | Listing Status Category (w/in Category 4 or 5) |
|  |  |  | |  |  |
|  |  |  | |  |  |

|  |  |
| --- | --- |
| ***8. OTHER IMPAIRMENTS NOT IN THE 305(B) INTEGRATED REPORT*** | Please mention other parameters not identified in the 2020 NC 305(b) Integrated Report, or other nonpoint source impacts, pollutants or water quality threats, that have been thoroughly documented by the applicant. Attach or provide link to electronic location of relevant documentation of impact- Watershed Based Plan, 9-Element Plan, Monitoring Data, Research etc. |
|  | |

|  |  |
| --- | --- |
| ***9. 9-ELEMENT WATERSHED PLAN FOR PROJECT AREA*** | *Please check existing or draft plan box and fill in information on existing plans from* [*website*](https://deq.nc.gov/about/divisions/water-resources/water-resources-grants/319-grant-program/nc-watershed-restoration-plans)*. If referencing a draft plan, please provide DWR with the 9-Element Plan and complete checklist by March 15 to leave time for staff to review.* |
| Existing Approved 9-Element Plan Name: |  |
| Draft 9-Element Plan |  |
| Link to Plan |  |

|  |  |  |
| --- | --- | --- |
| ***10. PROJECT TYPE*** | Please identify your project type and respond in the following relevant section. | |
| (..) Urban Stormwater Control | | (..) Ecosystem Restoration/Enhancement (Stream/Riparian/Wetland/Shoreline/Other) |
| (…) Agricultural Best management Practices | | (…) Other (Specify) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***11. POLLUTANT SOURCES ADDRESSED BY THE PROPOSED PROJECT*** | | Please check all that apply. | | |
| (..) Agriculture-Cropland | (..) Agriculture-Livestock | | (..) Urban Runoff | (..) Stream Channel Instability |
| (..) Septic System | (..) Construction | | (..) Resource Extraction | (..) Timber harvesting/Forestry |
| (..) Recreation | (..) Road | | (..) Other (Specify) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***12. POLLUTANTS ADDRESSED*** | | Please check all that apply. | | |
| (..) Bacteria/ Pathogens | (..) Nutrients | | (..) Sediment | (..) Metals |
| (..) Oil and Grease | (..) Low Dissolved Oxygen | | (..) Pesticides | (..) Algal Growth/Chlorophyll |
| (..) Hydrocarbons | (..) Other (Specify) | | | |

|  |  |  |
| --- | --- | --- |
| ***13a. URBAN STORMWATER CONTROL PROJECTS*** | *Note that for funded projects, design plans should be submitted to 319 program prior to implementation.* | |
| Will the design follow the Minimum Design Criteria for stormwater control measures in the [Stormwater Design Manual](https://deq.nc.gov/about/divisions/energy-mineral-and-land-resources/stormwater/stormwater-program/stormwater-design)? (Mark in bold.) (See practices listed under Part C of Stormwater Design Manual Table of Contents | | |
| (…) Yes | | (…) No |
| If design will not follow the MDC, please outline how design differs from MDC: | | |
| If design will not follow the MDC, note how the project’s functioning will be monitored: | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***13b. ECOSYSTEM RESTORATION PROJECTS*** | | | *Note that for funded projects, design plans should be submitted to 319 program prior to implementation.* | | | | | |
| Problem observed in the proposed restoration area. Please mark all that apply. | | | | | | | | |
| (..) Lateral instability / widening | (..) Stream incision / gullying | | | | | (..) Stream cut off from floodplain | | (..) Sedimentation |
| (..) Bank Erosion/instability | (..) Straightened/Channelized | | | | | (..) Headcuts | | (..) High bank shear stress/scour |
| (..) Poor riparian plant community | (..) Poor/insufficient fish habitat | | | | | (..) Poor/insufficient macroinvertebrate habitat | | (..) High temperatures/low dissolved oxygen |
| (..) Interrupted continuity (dam, culvert, or other structure) | (..) Other (briefly describe) | | | | | | | |
| Please check any of the following restoration approaches or features that are proposed. | | | | | | | | |
| (..) Riparian buffer plantings | | (..) Reconnection to existing floodplain | | | | | (..) Creation or enhancement of floodplain wetlands | |
| (..) Weirs, cross-vanes or j-hooks | | (..) Other instream structures such as toe wood or boulder clusters | | | | | (..) Bench construction | |
| (..) Bank stabilization via bioengineering methods | | (..) Multistage channel | | | | | (..) Daylighting streams | |
| (..) Dam removal | | (..) Construction of new channel | | | | | (..) Other (briefly describe) | |
| **Will stream restoration design need to incorporate protection of any existing infrastructure?** | | | | | | | | |
| (..) Yes | | | | | (..) No | | | |
| ***13c. AGRICULTURAL PROJECTS*** | | | | *Please list the agricultural BMP types.* | | | | |
|  | | | | | | | | |
| What design standard will be used? | | | | | | | | |
|  | | | | | | | | |
| What water quality and/or ecological problems in the watershed are the agricultural BMPs designed to address? | | | | | | | | |
|  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| ***14. ELIGIBILITY FOR NC AGRICULTURAL COST SHARE PROGRAM*** | Do you propose to install agricultural BMPs or other management measures that would be eligible for NC Agricultural Cost Share Program (ACSP) funding? If so, please check the box and document that the demand for ACSP funding in your county exceeds the supply, prompting your application for a 319(h) grant. | |
| (..) Yes | | (..) No |

|  |  |  |
| --- | --- | --- |
| ***15. DATA COLLECTION FOR DWR USE*** | Do you intend collected data to be used by DWR for Use Support decisions? If so, please check the box and name the project lead for monitoring. (Statement of Qualifications section should give project monitoring lead’s qualifications for collecting data to state standards.) See also DWR [QAPP Template](https://files.nc.gov/ncdeq/Water%20Quality/Planning/NPU/319/DWR_319_QAPP%20Template.doc) for Use Support. | |
| (..) Yes | | (..) No |
| If you intend to collect data, include a statement discussing why water quality monitoring is needed and how the data will be used. | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| ***16. PROJECT PERMANENCE*** | Is/are the project(s) on public or private land? | |
| Public | | Private |
| Has landowner commitment been secured for the proposed project site(s)? | | |
| (….) Yes | | (..) No |
| Please describe any maintenance agreements, identify long-term-stewards, recorded stormwater or conservation easements, recurrent inspections, or other methods of ensuring permanence of each practice. | | |
|  | | |

**Project Narratives**

|  |  |
| --- | --- |
| ***17. PROJECT PURPOSE*** | Please describe the purpose of and need for this project. What is the water quality problem that will be addressed? Why is this project important for water quality and North Carolina? What are the project’s goals? |
|  | |

|  |  |
| --- | --- |
| ***18. PROJECT SCOPE*** | What will this project DO to address the water quality problem(s) identified above? How does the project address a major local source of NPS pollution? Is the project an appropriate next step for making progress towards removing pollutant/ waterbody from the impaired Waters list? Summarize courses of action, detail tasks and tactics (strategies) that will achieve the project goals. |
|  | |

|  |  |
| --- | --- |
| ***19. PROJECT PLANS*** | Describe any planning documents that this project will help implement (e.g., watershed-based plans, DWR Basin Plan, Total Maximum Daily Loads etc.). Please make sure you understand watershed-based planning requirements for Section 319 funding; not meeting these requirements may disqualify you for funding. |
|  | |

|  |  |
| --- | --- |
| ***20. PROJECT OUTCOMES*** | Please describe the outcomes of the project. Be specific rather than general and as quantitative as possible. What are the specific project deliverables? What is the benefit to water quality in measurable, tangible terms? Describe how the project leads to long-term, sustainable reduction of NPS pollution. |
|  | |

|  |  |
| --- | --- |
| ***21. BIGGER PICTURE BENEFITS***  ***(COBENEFITS)*** | Describe your project’s benefits to each of the items below. If there are no associated benefits type, NA. |
| **Climate Resilience**: Provide a short description on how this project will be resilient to climate change. Describe the potential vulnerabilities of the proposed project to climate change and the adaptation responses to those vulnerabilities (e.g., whether practice selection was influenced by climate change factors, such as how practices may have been adapted for more variable rainfall patterns, greater runoff volumes, longer dry periods; or lower stream flows during dry months and higher stream flow during wet months; or sea level rise and sea water intrusion, etc.) |  |
| **Benefits to underserved communities**: Provide a short description of whether the project is located in underserved communities. If so, discuss whether the underserved communities or organizations are engaged in the project, and how the project would benefit them. Refer to NCDEQ’s [Community Mapping System](https://ncdenr.maps.arcgis.com/apps/webappviewer/index.html?id=1eb0fbe2bcfb4cccb3cc212af8a0b8c8) to determine the location of underserved communities. |  |
| Impacts to downstream communities |  |
| Other (Specify if any) |  |

|  |  |  |
| --- | --- | --- |
| ***22. Estimate Load Reduction Resulting from Project*** (Required by the EPA forall projects designed to reduce nitrogen, phosphorus or sediment) | | |
| Nitrogen | …..Pounds/Year | Load reduction model used\*: |
| Phosphorus | …..Pounds/Year | Model used: |
| Soil/Sedimentation | …..Tons/Year | Model used: |
| Other pollutants (Specify) | Unit (specify)/Year | Model used: |

\*Load reductions resulting from urban stormwater control measures can be estimated using the [Stormwater Nitrogen and Phosphorus (SNAP) Tool](https://deq.nc.gov/about/divisions/water-resources/planning/nonpoint-source-management/nutrient-offset-information), formerly known as the Jordan/Falls Stormwater Nutrient Load Accounting Tool, or the [EPA STEPL Tool](http://it.tetratech-ffx.com/steplweb/models$docs.htm). The [NCANAT](http://nutrients.soil.ncsu.edu/software/ncanat/software.htm) or [RUSLE2](https://www.ars.usda.gov/southeast-area/oxford-ms/national-sedimentation-laboratory/watershed-physical-processes-research/research/rusle2/revised-universal-soil-loss-equation-2-download-rusle2/) can be used for to estimate impact of agricultural BMPs. (The EPA Region 5 Model is also acceptable in the western mountains.)

|  |  |
| --- | --- |
| ***23. PROJECT EVALUATION*** | Please describe how you will evaluate whether this project successfully met its outcomes and provided the intended deliverables. In particular, describe how you will evaluate whether water quality has been improved by this project. Describe how pollutant load reduction estimates will be obtained for projects implementing BMPs. Evaluation methods for any information/education activities should also be identified |
|  | |

|  |  |
| --- | --- |
| ***24. PARTNERSHIP*** | Please list project partners and describe what their contributions will be. Contributions include financial support, technical assistance, volunteer service, supplies/equipment, and any other activities that will contribute to the success of the project |
| ***Partner*** | **Contributions** |
| ***(Lead Organization)*** |  |
| ***Partner 1***  ***(Name of organization and contact address)*** |  |
| ***Partner 2***  ***(Name of organization and contact address)*** |  |

Add rows as needed. Please provide letter of commitment from partners if applicable.

|  |  |
| --- | --- |
| ***25. STATEMENT OF QUALIFICATIONS FOR PROJECT MANAGER AND PRIMARY PARTNERS*** | *This section should give reviewers confidence that anyone designing, installing, or monitoring the proposed project is qualified to do so.*   * *Please include qualifications of people, not organizations.* * *Do not copy and paste entire CVs into this section.* * *Include in the statement any relevant past and/or ongoing 319 grant funded projects* |
|  | |

|  |  |  |
| --- | --- | --- |
| ***26. RELATED PROJECTS IN THE WATERSHED*** *Please note any other water quality or conservation projects in the same watershed that are sufficiently close to the proposed project to benefit the impairment.* | | |
| **Nearby Project Name(s):** | **Location (mark in bold):**  Upstream Downstream | **Distance to proposed project (miles):** |
| **Relevance** (how these projects might benefit or complement the proposed project; when they were completed; who implemented/maintains them): | | |

|  |
| --- |
| ***27. PHASING CONSIDERATIONS*** *Certain watershed restoration projects may be designed to anticipate future phase of work. If additional phases of the project are anticipated beyond this grant project time period, briefly describe the goal of each phase.* |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***28. PROJECT MILESTONE SCHEDULE:*** *Note that all 319 funded projects are required to submit quarterly progress reports and a detailed final project report due by the end of the contract for DWR review before receipt of full payment of invoices.* | | | | | |
| **Time Period / Date** | **Activities (List specific outputs or activities that will be achieved in each quarter)** | Anticipated funds requested (Will only be reimbursed up to amount indicated; unused funds carry to next quarter). Do not include match contribution. | | | |
| First Quarter  Jan-Mar 2023 |  | Quarter $ | Quarter % | Cumulative $ | Cumulative % |
| Second Quarter  Apr-June 2023 |  |  |  |  |  |
| Third Quarter  July-Sept 2023 |  |  |  |  |  |
| Fourth Quarter  Oct-Dec 2023 |  |  |  |  |  |
| Fifth Quarter  Jan-Mar 2024 |  |  |  |  |  |
| Sixth Quarter  Apr-Jun 2024 |  |  |  |  |  |
| Seventh Quarter  July-Sept 2024 |  |  |  |  |  |
| Eighth Quarter  Oct-Dec 2024 |  |  |  |  |  |
| Ninth Quarter  Jan-Mar 2025 |  |  |  |  |  |
| Tenth Quarter  Apr-June 2025 |  |  |  |  |  |
| Eleventh Quarter2  July-Sept 2025 |  |  |  |  | i.e. 90% |
| Twelfth Quarter  Oct-Dec 2025 |  |  |  |  | i.e. 100%2 |

2 10% of grant will be held until receipt of Final Project Report, whether project lasts 3 years or is shorter

**Note**: Sum of funds spent in quarters 1-2 MUST equal year 1 total in Budget Table #29

Sum of funds spent in quarters 3-6 MUST equal year 2 total in Budget Table #29

Sum of funds spent in quarters 7-10 MUST equal year 3 total in Budget Table #29

Sum of funds spent in quarters 11-12 MUST equal year 4 total (min. 10% of 319 funds)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 29. FUNDING REQUESTED | | | | | | | | | | | |
| Budget Categories (itemize all categories) | Section  319  *Please ensure consistence with quarterly funds breakdown in Milestone table* | | | | 319 Total | Non-Federal  Match **\*** | | | | Total (with match) | Justification  (Include detailed explanation for each budget line item) |
|  | Year 1 | Year 2 | Year 3 | Year 4 | 319 Total | Year 1 | Year 2 | Year 3 | Year 4 | Total |  |
| Personnel/ Salary |  |  |  |  |  |  |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |  |  |  |  |  |
| Contractual |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |
| Total Direct |  |  |  |  |  |  |  |  |  |  |  |
| Indirect (max. 10% of direct costs, per40 CFR 35.268) |  |  |  |  |  |  |  |  |  |  |  |
| Annual Totals |  |  |  |  |  |  |  |  |  |  |  |
| Grand Total |  | | | |  |  | | | |  |  |
| **% of Total Budget** | % | | | |  | % | | | | 100% |  |
|  | | **\***Note: Non-Federal match must be a minimum of 40% of the total project budget | | | | | | | | | |

**Year 1**: January 1 - June 30, 2023 (6 months) – Total MUST equal sum of quarters 1-2 in Milestone Table #28

**Year 2**: July 1, 2023-June 30, 2024 (12 months) – Total MUST equal sum of quarters 3-6 in Milestone Table

**Year 3**: July 1, 2024-June 30, 2025 (12 months) – Total MUST equal sum of quarters 7-10 in Milestone Table

**Year 4**: July 1 - December 31, 2025 (6 months) – Total MUST equal sum of quarters 11-12 in Milestone Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 30. Budget Summary (Combined federal and match funds) | | | | | | | |
|  | BMP Implementation | Project Management | Education, Training or Outreach | Monitoring | Technical Assistance | Other | Total |
| Personnel |  |  |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |  |
| Contractual |  |  |  |  |  |  |  |
| Operating Costs |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 31. Local and State Match (non-federal) Summary | | |
| Total Match amount | | $ |
| Cash Match (includes staff salaried time) | | $ |
| In-kind Match (includes goods or services) | | $ |
| Source(s) of Cash Match |  | |
| Source(s) of In-kind Match |  | |

|  |  |
| --- | --- |
| ***32. PROJECT MAP(S)*** | Please insert project map(s) showing sufficient detail to understand where the project is located in the state, where the project is located in relation to impacted waterbodies, and other factors relevant to the project (e.g., watershed boundary, land use, land ownership, major landmarks, proposed BMPs, etc.). If needed, use more than one page. |
|  | |

|  |  |
| --- | --- |
| ***33. DISADVANTAGED COMMUNITY(IES) IN PROJECT MAP(S)*** | If applicable, please provide a map with sufficient geographic detail to define the boundaries of underserved communities in the project area. |
|  | |

|  |  |
| --- | --- |
| ***34. BEFORE PHOTO(S) OF PROJECT SITE(S)*** | *Note that for funded projects, “before” and “after” photos must be submitted in final report.* |
|  | |

|  |
| --- |
| ***35. References and Literature Cited*** |
|  |

**If you have questions about this application, please contact Rishi Bastakoti at** [**rishi.bastakoti@ncdenr.gov**](mailto:rishi.bastakoti@ncdenr.gov)

|  |  |  |
| --- | --- | --- |
| ***CERTIFICATION AND SIGNATURE*** | **By checking the boxes and signing below, I certify the following:** | |
|  | I have reviewed grant application guidance material (Section 319 RFP Memorandum) posted on the NPS Grants Resources website | |
|  | I understand that, if recommended for funding, I will be required (with assistance from DEQ) to prepare a more detailed Project Implementation Plan and budget justification before funding will be awarded. | |
|  | I understand that Section 319 grants are reimbursement grants only; funding will only be provided as reimbursement for completed eligible activities. Funding cannot be provided in advance of work being completed. | |
|  | I understand that, if recommended for funding, project activities are not reimbursable until a cooperative agreement or memorandum of agreement between DEQ and the sponsoring entity has been signed by all required parties. I understand that non-federal match can only be accrued during the time this agreement is active period and it cannot be overlap current or future projects funded by 319(h) or other Federal grants. | |
|  | I understand that, if recommended for funding, final funding award amounts and the timing of release of those funds will be dependent on approval of the final federal 319 budget for FY2022. | |
|  | I understand that, if awarded funding, I will be required to submit quarterly reimbursement requests/progress reports, annual progress reports, an annual Minority Business Enterprise/Women Business Enterprise form, and a final project report. | |
|  | I understand that it is my responsibility to identify any environmental permits that are needed to complete this project and my agency or organization commits to obtaining all necessary permits prior to implementation. | |
|  | Match contributions are from non-Federal sources and do not overlap current or future projects funded by either 319(h) or other Federal grants. | |
| Signature: | | Date: |
| Printed Name: | | Title: |