



§319 Grant Application

*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

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Required fields are identified with an *.

*Project Name:

Project Sponsor

*Organization Name:

*Organization Phone:

Organization Fax:

*Organization E-mail:

*Confirm E-mail Address:

*Organization Address:

*Postal Code: City, State:

*Project Field Officer:

*Field Officer Phone:

Project Location

*Primary County:

Other Affected Counties:
Hold the CTRL key to select multiple counties.

HUC:

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Latitude:

[Calculate decimal values of latitude and longitude from degree, minute, and second values or find your latitude and longitude on a map.](#)

Longitude:

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Required fields are identified with an *.

Project Name: Test Project

Application Number: LRO1500407

Organization: Test Organization
123 4th Street
KUNA, ID 83634

Phone: (208)373-0252
Fax:
test@deq.idaho.gov

Field Officer: test
Phone: (208)373-0252

TMDL Effort

Is this project part of a [TMDL](#) effort?

- Yes
 No

If yes, please provide the name of the TMDL in the box below and describe how the project fits into the overall load reduction effort.

TMDL Name/Description - [Find My TMDL](#)

Expected Project Outcomes and Benefits

How is the project tied into an overall water quality management effort or planning process?

Please provide a project description including expected outcomes and benefits.

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Field Officer: **test**
Phone: (208)373-0252

Tracking Project Results

What parameters would be monitored to evaluate project results?

Estimated Total Project Funding

*The §319 grant application will not be considered final without matching contributions that amount to a minimum of 40% of the project's total cost(\$319 & match) You may continue the application without specifying the match contribution information at this time, but the application will not be considered final for approval until the match amount is greater than or equal to 40% of the total cost of the project.

Estimated Total Cost of Project: \$

Estimated Matching Funds Amount: \$

Estimated §319 Grant Amount: \$

Total Cost of Project	\$0.00
Matching Funds	\$0.00
Grant Funds	\$0.00
Still entering data? Disregard this message.	
*ERROR - Click here to see.	

Name the sources of the 0% match contribution.

*You may opt to have an e-mail sent to your DEQ contact to let them know that your application has been started. You are welcome to continue your application at this time as well.

If you would like to send an e-mail message to DEQ alerting them of your pre-application completion at this time, click select this checkbox.

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Application Number: LRO1500407

Organization: **Test Organization**
 123 4th Street
 KUNA, ID 83834

Phone: (208)373-0252
 Fax:
test@deq.idaho.gov

Field Officer: **test**
 Phone: (208)373-0252

Regional Priority

With assistance from [your DEQ regional office grant contact](#), describe the regional priority of the watershed or waterbody, where the project is located, and the work being proposed.

Project Details

Water body Type:

Project Type: (Hold Ctrl to select multiple items)
 Agriculture
 Construction and urban runoff
 Ground water

Primary pollutant(s) to be addressed:

If you included "Other", describe in the box below.

Ammonia
 Bacteria
 Dissolved Gas

Beneficial uses affected by project:

If you included "Other", describe in the box below.

Aesthetics
 Aquatic life
 Other

Primary Best Management Practices(BMPs) to be Implemented:

Access Road (ft)
 Agrichemical Mixing Facility (no)
 Alley Cropping (ac)

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Estimated Annual Load Reduction

Enter an estimate of the annual pollutant load reduction you expect to realize at project build out (Note: Load reduction estimates are a required of all projects before funding can be awarded).

[Calculate Annual Load](#) - Questions? Contact Darcy Sharp (208)373-0133 - Darcy.Sharp@deq.idaho.gov

Monitoring Plan

1. What long-term monitoring will be incorporated into the project design?

2. Who will have the primary responsibility for implementing project monitoring and reporting results?

3. How will monitoring be funded?

Public Information and Education

How will the public be kept informed of the project and how often?

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Project Name: Test Project **Application Number:** LRO1500407

Organization:	Test Organization 123 4th Street KUNA, ID 83834	Phone: (208)373-0252 Fax: test@deq.idaho.gov	Field Officer:	test Phone: (208)373-0252
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Work Plan - Task Calendar

Work Plan/Task Calendar Directions [- show/hide directions -](#)

The form and "Task Calendar" below are designed to help track the many tasks your project may require. Entries in this form are saved in the "Task Calendar" below. To add a task to the calendar, fill out the form here and click "Save this Task." Your task has been successfully saved when it appears in the "Task Calendar." Task entries are unlimited and you may add as many tasks as the project requires.

Once a task has been saved, edit or remove it by clicking on the "Details" section of the task where it is listed in the "Task Calendar." Click a task's "Details" link listed on the calendar, all the task information is retrieved and entered back into the task form where, you can make any desired changes. To save the changes, click the link "Save Task Edits" that appears when you start editing a task.

*Task Name/Identifier:

*Start Date: (MM/YYYY)

*End Date: (MM/YYYY)

Time Frame Summary:

Responsible Party:

Approximate Match Funding Allocation:

Approximate §319 Funding Allocation:

Approximate Total Cost:

Task Deliverables:

The 40% match requirement for your project does not apply on a task by task basis. A task may be paid for entirely from match or §319 dollars or be a combination of both. "Approximate §319 Funding Allocation" and "Approximate Match Funding Allocation" must add to equal the "Approximate Total Cost" on each individual task prior to application submission.

Save this Task

(Tasks not appearing on the calendar below have not been saved. - Multiple entries are allowed.)

Task Calendar

Task	Total Cost	Match Funding	§319 Funding	3/2014	4/2014	5/2014	6/2014	7/2014	8/2014	9/2014	10/2014	11/2014	12/2014

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Phone: (208)373-0252
 Fax:
test@deq.idaho.gov

Field Officer: test
 Phone: (208)373-0252

Administrative and Monitoring Costs - May Not Exceed 10% of the total \$319 funding requested for the project

Administrative and Monitoring Costs Directions

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This form is designed to help track the many administrative costs your project may incur. Entries in this form are saved in the administrative costs list below. To add an administrative cost line item, fill out the form here and click "Add Administrative Cost to List". Your line-item has been successfully saved when it appears in the list below. Administrative cost entries are unlimited and you may add as many as your project requires.

Once an item has been saved, edited it by clicking on the "Edit" link of the line item where it is listed below. Click a line's "Edit" link where listed below and, all the cost information is retrieved and entered back into the form found here. From there, you may make any desired changes. To save those changes, click the link "Save Edits" that appears when you start editing a line item.

To delete a saved item, click that item's "Delete" link.

Position Title	Hours		Rate/Hour	Total	Paid by Match	Paid by \$319
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	\$0.00	\$ <input type="text"/>	\$ <input type="text"/>

[Add Administrative Cost to List](#)

(Costs not appearing on the list below have not been saved. - Multiple entries are allowed.)

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Application Number: LRO1500407

Organization: **Test Organization**
123 4th Street
KUNA, ID 83834

Phone: (208)373-0252
Fax:
test@deq.idaho.gov

Field Officer: **test**
Phone: (208)373-0252

Subcontractual Costs - Must be Tied to Work Plan Tasks

Subcontractual Costs Directions [- show/hide directions -](#)

This form is designed to help track the many subcontractual costs your project may incur. Entries in this form are saved in the subcontractual costs list below. To add an subcontractual cost line item, fill out the form here and click "Add Subcontractual Cost to List". Your line-item has been successfully saved when it appears in the list below. Subcontractual cost entries are unlimited and you may add as many as your project requires.

Once an item has been saved, edited it by clicking on the "Edit" link of the line item where it is listed below. Click a line's "Edit" link where listed below and, all the cost information is retrieved and entered back into the form found here. From there, you may make any desired changes. To save those changes, click the link "Save Edits" that appears when you start editing a line item.

To delete a saved item, click that item's "Delete" link.

Some subcontractual related costs can be estimated through the following website(s).

NationalContractors.com

Description of Work to be Performed	§319 Amount	Match Amount	Total Amount
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Add Subcontractual Cost to List

(Costs not appearing on the list below have not been saved. Multiple entries are allowed.)

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Travel Costs - Include Milage/Rate, Meals, Lodging, ETC.

Travel Costs Directions [- show/hide directions -](#)

This form is designed to help track the many travel costs your project may incur. Entries in this form are saved in the travel costs list below. To add a travel cost line item, fill out the form here and click "Add Travel Cost to List". Your line-item has been successfully saved when it appears in the list below. Travel cost entries are unlimited and you may add as many as your project requires.

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Category	Description	Quantity	x	Rate	Total	Match Amount	\$319 Amount
Airfair			x		\$0.00	\$	\$

[Add Travel Cost to List](#)

(Costs not appearing on the list below have not been saved. Multiple entries are allowed.)

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Phone: (208)373-0252
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Supplies, Operating, and Equipment Costs

Supplies, Operating, and Equipment Costs Directions [- show/hide directions -](#)

This form is designed to help track the many supplies, operating and equipment costs your project may incur. Entries in this form are saved in the travel costs list below. To add supplies, operating or equipment cost line item, fill out the form here and click "Add Equipment/Operating Cost to List." Your line-item has been successfully saved when it appears in the list below. Supplies, operating and equipment cost entries are unlimited and you may add as many as your project requires.

Once an item has been saved, edited it by clicking on the "Edit" link of the line item where it is listed below. Click a line's "Edit" link where listed below and, all the cost information is retrieved and entered back into the form found here. From there, you may make any desired changes. To save those changes, click the link "Save Edits" that appears when you start editing a line item.

To delete a saved item, click that item's "Delete" link.

Some vegetation-related costs can be estimated through the following websites.

[Idaho Nursery and Landscape Association](#)

[Western Native Seed](#)

[PlantNative.org](#)

[NRCS Plants Database](#)

Description of Cost	\$319 Amount	Match Amount	Total Amount
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Add Supplies/Equipment/Operating Cost to List

(Costs not appearing on the list below have not been saved. Multiple entries are allowed.)

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 123 4th Street
 KUNA, ID 83834

Phone: (208)373-0252
 Fax:
test@deq.idaho.gov

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Indirect Costs - Not to exceed 10% of combined Administrative and Travel Costs

Indirect Costs Directions [- show/hide directions -](#)

This form is designed to help track the many indirect costs your project may incur. Entries in this form are saved in the travel costs list below. To add an indirect cost line item, fill out the form here and click "Add Indirect Cost to List." Your line-item has been successfully saved when it appears in the list below. Indirect cost entries are unlimited and you may add as many as your project requires.

Once an item has been saved, edited it by clicking on the "Edit" link of the line item where it is listed below. Click a line's "Edit" link where listed below and, all the cost information is retrieved and entered back into the form found here. From there, you may make any desired changes. To save those changes, click the link "Save Edits" that appears when you start editing a line item.

To delete a saved item, click that item's "Delete" link.

Description of Indirect Cost	\$319 Amount	Match Amount	Total Amount
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Add Indirect Cost to List

(Costs not appearing on the list below have not been saved. Multiple entries are allowed.)

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*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Grant Monies Summary

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Application Directions [- show/hide directions -](#)

Fill out the following form to apply for a §319 Nonpoint Source Water Quality Grant. Information you enter is saved as you navigate from page to page. You can jump to any available page in the application using the links to the left or the "previous" and "next" links below. Refer to the Application Guide for more information on budget categories. Required fields are identified with an *.

Project Name: Test Project

Application Number: LRO1500407

Organization: **Test Organization**
123 4th Street
KUNA, ID 83634

Phone: (208)373-0252
Fax:
test@deq.idaho.gov

Field Officer: **test**
Phone: (208)373-0252

Matching Sources

Match Source Directions [- show/hide directions -](#)

This form is designed to help track the many match sources your project may incur. Entries in this form are saved in the match sources list below. To add a match sources line item, fill out the form here and click "Add Match Sources to List." Your line-item has been successfully saved when it appears in the list below. Match source entries are unlimited and you may add as many as your project requires.

Once an item has been saved, edited it by clicking on the "Edit" link of the line item where it is listed below. Click a line's "Edit" link where listed below and, all the cost information is retrieved and entered back into the form found here. From there, you may make any desired changes. To save those changes, click the link "Save Edits" that appears when you start editing a line item.

To delete a saved item, click that item's "Delete" link.

Match Source

Match Type

Soft ▼

Amount

\$

[Add Match Source to List](#)

(Match Sources not appearing on the list below have not been saved. Multiple entries are allowed.)

Saved Match Sources

Letters of Support

List all letters of support received. Include copies of all stated letters with your final/signed hard copy application.

Signature Authority

Signature Authority Name:

Signature Authority Title:

Signature Authority Phone:

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Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.



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Total Project Cost as Tasks

	Page	Entries	Match	\$319	Total
Estimated Project Cost:	3				
Tasks/Work Plan Total:	6				

Your current match amount meets or exceeds 40% of project total cost requirement and your total cost has been broken down into tasks equaling the estimated total project cost.

Tasks Total as Budget Categories

Area	Page	Entries	Match	\$319	Total
Tasks/Work Plan:	3				
Administrative Costs:	7				
Subcontractual Costs:	8				
Travel Costs:	9				
Equipment Costs:	10				
Indirect Costs:	11				

Totals:

Your current budget categories total matches the total cost of your tasks/work plan. Your administrative costs are less than 10% of your tasks/work plan total. Your indirect costs total is less than 10% of the administrative and travel costs totals.

Match Total as Match Entries

	Page	Entries	Total
Estimated Matching Funds:	3		
Match Entries Total:	12		

Your current match totals are equal to your original match estimate on page 3.

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