

**2018 - 2019 MINI-GRANT PROGRAM**

**APPLICATION**

**I. APPLICANT INFORMATION**

Applicant Organization: Enter text here

Address: Enter text here

Phone: Enter text here

Website: Enter text here

Contact Name: Enter text here

Title: Enter text here

Email: Enter text here

Direct Phone: Enter text here

Are you an IRS 501(c)3 non-profit organization?

Yes  No

Are you registered with the Pennsylvania Bureau of Charitable Organizations?

Yes  No

**II. PROJECT INFORMATION**

Project Title: Enter text here

Project Location: Enter text here

1. Brief Project Description: Please provide a short concise description of your project. (500 character limit).

Enter text here

1. Project Description: Please provide a detailed description of the project. Responses must include:
   * Statement of the Problem
   * Significance of the Resource
   * Literature Cited
   * Map of project site(s), if applicable

(7,000 character limit not including Literature Cited)

Enter text here

C. Please list your specific project goal(s) below. Each goal must be accompanied by measureable objective(s) and a set of activities that will assist you in achieving that goal (use as many lines as needed).

**Goal 1:** Enter text here

*Objective:* Enter text here

*Activity:* Enter text here

**Goal 2:** Enter text here

*Objective:* Enter text here

*Activity:* Enter text here

**Goal 3:** Enter text here

*Objective:* Enter text here

*Activity:* Enter text here

**Goal 4:** Enter text here

*Objective:* Enter text here

*Activity:* Enter text here

D. Project Timeline: Please provide a quarterly timeline for your project with activity details. Note the project must be completed by December 15, 2019.

Expected start date: Enter text here

Expected end date: Enter text here

Timeline with Scope of Work Activity Details by Quarter

July – September 2018 Enter text here

October – December 2018 Enter text here

January – March 2019 Enter text here

April – June 2019 Enter text here

July – September 2019 Enter text here

October – December 2019 Enter text here

Follow-on Work: If additional follow-on work will be necessary, please indicate what that work will entail, a brief anticipated requested budget total, and anticipated timeline.

Enter text here.

E. Partners: Please list partners who will be actively involved with your project. For example, partners may provide project assistance, funding or in-kind services. List each partner’s contact name, phone, email and a short description of their role in your project. Attach letters of support from each partner documenting their contribution.

Enter text here

F. Please list specific products that will be delivered for this project. Note that deliverables include an interim and final report. (Use as many lines as needed.)

1. Enter text here

2. Enter text here

3. Enter text here

4. Enter text here

5. Enter text here

**III. CONSISTENCY WITH PLANS AND KITTATINNY COALITION GOALS**

A. Is your project consistent with any local, county and/or state plans (i.e. greenway and open space plans, comprehensive plans, rivers conservation plans)? Please list the plan(s) and explain how your project supports and/or implements the recommendations in these plans.

Enter text here

B. As described in the Application Guidelines, please indicate which of the eligible project categories your project will address and how it supports the Kittatinny Coalition’s goals. Also please indicate if the project supports the Species of Greatest Conservation Need that the Coalition is focusing on in 2018-2019. See list provided with this application packet.

Enter text here

**IV. BUDGET**

A. Proposed Budget:In addition to the information below you must submit a proposed detailed budget for your project as an attachment to this application.

B. Project costs should be described in the budget and will be paid only to the extent that they are incurred by the Awardee for implementing the project.

C. Local Match Details:List local match commitments for both cash and in-kind below. Please refer to Match Recording and Reporting Guidelines provided with application packet.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Amount | Cash or In-Kind | Secured or Pending |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Total request amount Enter text here

2. Local match – (minimum 1:1 match)

Cash match amount Enter text here

In-kind match amount Enter text here

3. Total match amount (cash + in-kind) Enter text here

**Total project cost (total of lines 1 through 3) Enter text here**

IMPORTANT NOTE: Mini grant funding is provided through the PA DCNR. All projects and project related costs and funding must conform to the guidelines and outlined in the DCNR Community Conservation Partnership Program at <http://dcnr.state.pa.us/brc/grants/>.

**V. ATTACHMENTS**

Please attach to your proposal:

* Proposed budget
* Letters of support and letters of commitment of project assistance (funding and/or in-kind services)
* If non-profit applicant
  + Current proof of IRS 501(c)3 non-profit status
  + Current proof of registration with the PA Bureau of Charitable Organizations

**Kittatinny Coalition – Administration Only**

Date Received Date Reviewed Date Notified