



Application Section 1: Project Description ▾

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Please complete all required fields.

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Project Information

Project Title *

Project Start Date *

Project End Date *

Federal 319(h) Funds Requested *

\$	
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Non-Federal Match to be Contributed *

\$	
----	--

Total Project Budget

\$	0.00
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Plans to be Implemented: Statewide Nonpoint Source Plan and Watershed Plans

Review the Grant Guidelines (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>) for detailed instructions

Which of the following goals of the Statewide Nonpoint Source Plan will this project help address? *

<div>Urban- Stormwater</div> <div>Urban - Septic</div> <div>Urban - Floodplains</div> <div>Urban - Dirt Roads</div> <div>Agriculture</div> <div>Coastal</div>	<div></div>
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Click and hold Ctrl or Command key to select multiple options.

Review the 2019 NPS Plan:

(<https://epd.georgia.gov/document/publication/georgiasstatewidenonpointsourcecemanagementplan2019pdf/download>)
(<https://epd.georgia.gov/document/publication/georgiasstatewidenonpointsourcecemanagementplan2019pdf/download>))

What type of watershed plan will this project be implementing? *

- ☐ 9-Element Watershed-Based Plan
- ☐ Summary of Nine Elements
- ☐ Other - Describe in Comments

Project Goals and Background

Review the Grant Guidelines (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>) for detailed instructions

Project Goals and Background *

Explain how this project will implement the watershed plan and its goals. Include background and reasons for water quality impairments.

Project Activities and Tasks

Review the Grant Guidelines (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>) for detailed instructions

Project Activities: Individual Tasks, Outputs, and Outcomes *

Describe each Project Activity with individual tasks for the project. Include deliverables and measures of success for each task. See Grant Guidelines for details and examples of common project activities and tasks.

Roles and Responsibilities of Participating Organizations

Review the Grant Guidelines (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>) for detailed instructions

Lead Organization Name: Roles + Responsibilities *

Is the lead organization certified as a WaterFirst Community? *

View list of certified communities at: <https://gefa.georgia.gov/waterfirst> (<https://gefa.georgia.gov/waterfirst>)

- ☐ Yes
- ☐ No

Partner Organization(s): Roles + Responsibilities *

Do you have letter(s) of commitment from partner organization(s) that quantify match value? *

- ☐ Yes
- ☐ No

Project Location

Street Address or Closest Intersection (if not available, enter N/A) *

City or Cities (if not available, enter N/A) *

County or Counties *

N/A
Appling County
Atkinson County
Bacon County
Baker County
Baldwin County

Click and hold Ctrl or Command key to select multiple options.

Latitude (decimal degrees)

Longitude (decimal degrees)

Project Area Description *

Describe the proposed project area, including stream miles, lake or wetlands acreage, major tributaries, distance from impaired segments, etc. Please see Guidelines for additional information.

Project Area Map *

 Select a file



Watershed Information

HUC# (HUC12 or HUC10) *

Enter numeric digits of a single HUC12 or HUC10

Watershed Name *

Size of Watershed(s) or Drainage Area (Acres)

Size of Project Area (if not entire watershed)

Is the watershed a Priority Watershed on GAEPD's Priority Watershed Lists? *

See Appendix D for details

☐ Yes

☐ No

Will the project be located in more than one watershed? *

☐ No

☐ Yes

Nonpoint Source Pollution Impairments and Healthy Waters

All required information can be found on Georgia's current Section 305(b)/303(d) List of Waters (https://epd.georgia.gov/https%3A/epd.georgia.gov/assessment/water-quality-georgia#_Intro_Report)

Reach Name

Reach ID#

Begins with GAR#####

Reach River Basin

Please hold Ctrl or Command to select multiple options.

Reach Assessment

Category

Reach Source of Impairment

CSO - Combined Sewer Overflow
I1 - Industrial Point Source Discharge
I2 - Industrial Site Runoff
M - Municipal Point Source Discharge
NP - Nonpoint Source
UP - Urban Runoff

Click and hold Ctrl or Command key to select multiple options.

Reach Cause

As - Arsenic
Algae - Objectionable Algae
Bio F - Biota Impacted (Fish Community)
Bio M - Biota Impacted (Macroinvertebrate Community)
Cd - Cadmium
Cr - Chromium

Click and hold Ctrl or Command key to select multiple options.

TMDL Title

View list of Final Total Maximum Daily Loadings (TMDLs): (<https://epd.georgia.gov/watershed-protection-branch/total-maximum-daily-loadings/final-total-maximum-daily-loadings-tmdls>) (<https://epd.georgia.gov/watershed-protection-branch/total-maximum-daily-loadings/final-total-maximum-daily-loadings-tmdls>)

Year of TMDL

Do you want to add an additional Reach?

- ☐ Yes
- ☐ No

Project Schedule and Additional Attachments

Attach a Project Schedule *

Attach a file that outlines the project schedule and and major project milestones. Any format is accepted; schedule templates are available at (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>) (<https://epd.georgia.gov/outreach/grants/georgia-319h-nonpoint-source-grant>)

+ Select a file



Would you like to add additional attachments? *

- ☐ Yes
- ☐ No

Project Acknowledgements

By checking these boxes, I attest *

- ☐ All proposed activities represent tasks “above and beyond” any NPDES permit requirements
- ☐ To have read and followed the Grant Guidelines document in its entirety.

Application Section 2: Budget ▾

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Please complete all required fields.

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Project Budget

A minimum 60:40 match must be demonstrated.
Enter \$0.00 or N/A for any field not applicable to the project.

A. Personnel

A. 319(h) Grant Funds (Personnel) *

\$

A. Non-Federal Matching Funds (Personnel) *

\$

A. Total Personnel

\$	0.00
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A. Personnel Description and Narrative Justification *

Include names, titles, FTE amount, description of duties. If total category amount is \$0.00, enter N/A in this box.

B. Fringe Benefits

B. 319(h) Grant Funds (Fringe Benefits) *

\$	
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B. Non-Federal Matching Funds (Fringe Benefits) *

\$	
----	--

B. Total Fringe Benefits

\$	0.00
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B. Fringe Benefits Description and Narrative Justification *

Include names, titles, FTE amount, description of duties. If total category amount is \$0.00, enter N/A in this box.

C. Travel

C. 319(h) Grant Funds (Travel) *

\$	
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C. Non-Federal Matching Funds (Travel) *

\$	
----	--

C. Total Travel

\$	0.00
----	------

C. Travel Description and Narrative Justification *

Include purpose of travel, approximate number of miles, Georgia Mileage rate. If total category amount is \$0.00, enter N/A in this box.

D. Equipment

D. 319(h) Grant Funds (Equipment) *

\$	
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D. Non-Federal Matching Funds (Equipment) *

\$	
----	--

D. Total Equipment

\$	0.00
----	------

D. Equipment Description and Narrative Justification *

Include type, purpose, or use. If total category amount is \$0.00, enter N/A in this box.

E. Supplies

E. 319(h) Grant Funds (Supplies) *

\$

E. Non-Federal Matching Funds (Supplies) *

\$

E. Total Supplies

\$

0.00

E. Supplies Description and Narrative Justification *

Include type, purpose, or use If total category amount is \$0.00, enter N/A in this box.

F. Contractual

F. 319(h) Grant Funds (Contractual) *

\$

F. Non-Federal Matching Funds (Contractual) *

\$

F. Total Contractual

\$

0.00

F. Contractual Description and Narrative Justification *

Include type or name, description of duties, number and type of BMP. If total category amount is \$0.00, enter N/A in this box.

G. Other

G. 319(h) Grant Funds (Other) *

\$	
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G. Non-Federal Matching Funds (Other) *

\$	
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G. Total Other

\$	0.00
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G. Other Description and Narrative Justification *

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Include volunteer time/hours, other. If total category amount is \$0.00, enter N/A in this box.

H. Indirect**H. 319(h) Grant Funds (Indirect) ***

\$	
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H. Non-Federal Matching Funds (Indirect) *

\$	
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H. Total Indirect

0.00

H. Indirect Description and Narrative Justification *

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Include published rate or 10% of the total. If total category amount is \$0.00, enter N/A in this box.

TOTAL 319(h) Grant Funds

\$	0.00
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TOTAL Non-Federal Matching Funds

\$	0.00
----	------

PROJECT TOTAL: 319(h) Grant Funds + Non-Federal Matching Funds

\$	0.00
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% 319(h) Grant Funds (maximum 60%)

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% Non-Federal Matching Funds (minimum 40%)

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Budget Acknowledgements**By checking these boxes, I attest ***

- ☐ All match contributions are from non-Federal sources and do not overlap any current or future projects.
- ☐ To comply with 2 CFR 200 Uniform Guidance and 48 CFR 31.2 (as applicable)

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