**PROJECT DESCRIPTION**

1. **Project Title:**
2. **Lead Organization:** **Name:**

**Address:**

**Address2:**

**City, GA Zip:**

**Phone:**

**Fax:**

**Primary Contact:** **Name:**

**Title:**

**Organization:**

**Address:**

**Address2:**

**City, GA Zip:**

**Phone:**

**Fax:**

**E-mail:**

|  |  |
| --- | --- |
| **Project Start Date:** |  |
| **Project End Date:** |  |

|  |  |
| --- | --- |
| **Grant Amount:** |  |
| **Match Amount:** |  |
| **Cash Amount:** |  |
| **Total Project Amount:** |  |

1. **Project Goals:**

*(Insert Text)*

1. **Project Background:**

*(Insert Text)*

1. **Project Activities:**

*(Repeat Format Below as Needed)*

**Project Activity #1:**

*(Insert Text)*

**Tasks 1:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

**Tasks 2:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

**Project Activity #2:**

*(Insert Text)*

**Tasks 1:**

*(Insert Text)*

**Deliverables:**

*(Insert Text)*

**Measures of Success:**

*(Insert Text)*

1. **Roles and Responsibilities of Partnering Organizations:**

|  |  |
| --- | --- |
| **Organization Name** | **Specific Responsibilities** |
| *(Lead Organization)* | * Execute grant contract with GAEPD * Account for/contribute to 40% (state if greater) of total project costs in matching expenses or in-kind services * Request payments from GAEPD on a quarterly basis * Pay funds to appropriate contractor(s) and vendor(s), and request reimbursements from GAEPD * Track all grant funds expended and all match values provided in accordance with the implementation schedule * Track all project activities in accordance with the implementation schedule * Complete and submit quarterly progress reports with invoices to GAEPD by January 15th, April 15th, July 15th, and October 15th of each project year (Payment of invoice is contingent on work completed and a review of the quarterly report.) * Complete and submit close-out report at conclusion of project   *(ADD OTHERS AS APPROPRIATE)* |
| **GAEPD** | * Provide 60% of total project costs * Review and approve project deliverables * Participate in meetings, as appropriate * Provide project oversight and contract management * Provide monitoring guidance and training |
| **Other Invited Partners** | **Specific Responsibilities** |
| *(Participating Qualified Organization)* | * General Stakeholder * Letter of Commitment describing functions attached   *(ADD OTHERS AS APPROPRIATE)* |
| *(Local Governments)* | * Serve on Project Advisory/Steering Committee * Render in-kind services to Match as described in attached Letter of Commitment   *(ADD OTHERS AS APPROPRIATE)* |

1. **Project Location:**

*(Insert or Attach Map)*

1. **Project Budget:**

| **Item** | **Item Class Category** | **Grant Funds**  **(60% Maximum)** | **Matching Funds**  **(40% Minimum,**  **10% as Cash)** | | **Total** |
| --- | --- | --- | --- | --- | --- |
| **In Kind** | **Cash** |
| A | Personnel:  One (1) (Name position if any) - xx FTE ($xx/year) for 1 year  Description of Duties: (explain here) |  |  |  |  |
|  | Sub Total: |  |  |  |  |
| B | Fringe Benefits:  One (1) (Name position if any) - xx FTE (xx%) for 1 year |  |  |  |  |
|  | Sub Total: |  |  |  |  |
| C | Travel:  Staff Position: (Name position if any)  Purpose of Travel: (Explain here)  xx miles x $.535/mile |  |  |  |  |
|  | Sub Total: |  |  |  |  |
| D | Equipment:  Equipment: (What kind)  Purpose/use: (describe) |  |  |  |  |
|  | Sub Total: |  |  |  |  |
| E | Supplies:  Supplies: (What kind)  Purpose/Use: (describe) |  |  |  |  |
|  | Sub Total: |  |  |  |  |
| F | Contractual:  Contractor Name: (enter name)  Description of Duties: (describe) |  |  |  |  |
|  | Sub Total |  |  |  |  |
| G | Construction:  Does not apply to Regional Water Plan Seed Grants | N/A | N/A | | N/A |
| H | Other: |  |  |  |  |
| Sub Total |  |  |  |  |
| I | **Total Direct Charges:**  **(Sum of A-H)** |  |  |  |  |
| J | Indirect Charges:  Indirect Charge Rate | N/A |  | N/A |  |
| K | **Total:**  (Sum of I and J) |  |  |  |  |

***Budget Narrative Justification:***

**Item Class Categories:**

**(A) Personnel Budget Narrative Justification:**

**(B)** **Fringe Benefits Narrative Justification:**

**(C) Travel Budget Narrative Justification:**

**(D) Equipment Budget Narrative Justification:**

**(E) Supplies Budget Narrative Justification:**

**(F) Contractual Narrative Justification:**

**(G) Construction: N/A**

**(H) Other Narrative Justification:**

**(J) Indirect Charges Narrative Justification:**

1. **Project Implementation & Drawdown Schedule:**

*(Attached Excel Spreadsheet)*

1. **Project Attachment(s):**

*(List all documents attached to the application)*