**Federal Clean Water Act Section 319 Grant**

**Federal Fiscal Year 2025: Watershed Project Implementation**

**Request for Applications (RFA)**

**Attachment A:**

**Application Form** for Local Public Bodies (amended)

# Project Title

Provide a descriptive project title in 15 words or less in the space below.

**Title:**

# Applicant Information

|  |  |
| --- | --- |
| Organization: |  |
| Address: |  |  |
| Signatory Name: |  | Title: |  |
| Phone: |  | Email: |  |
|  |  |  |  |
| FED. Tax ID #  |       | NM BTIN #  |       |
| SAM.gov UEI # |       |  SHARE Vendor ID #:  |       |

# Start and End Dates

|  |  |  |  |
| --- | --- | --- | --- |
| Planned project start date (mm/dd/yyyy): |       | Planned project end date (mm/dd/yyyy): |       |

# Project Manager

|  |  |
| --- | --- |
| Name: |       |
| Organization: |       |
| Phone: |      **/**      | Email: |       |

# Key Persons

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Person 1:** | **Enter name of first key person.** | **Enter organization of first key person.** | **Enter project role of first key person.** |
| Key Person 1 Qualification Summary: | Summarize qualifications of first key person. |
| **Key Person 2 (if applicable):** | **Enter name of second key person.** | **Enter organization of second key person.** | **Enter project role of second key person.** |
| Key Person 2 Qualification Summary: | Summarize qualifications of second key person. |
| **Key Person 3 (if applicable):** | **Enter name of third key person.** | **Enter organization of third key person.** | **Enter project role of third key person.** |
| Key Person 3 Qualification Summary: | Summarize qualifications of third key person. |
| **Key Person 4 (if applicable):** | **Enter name of fourth key person.** | **Enter organization of fourth key person.** | **Enter project role of fourth key person.** |
| Key Person 4 Qualification Summary: | Summarize qualifications of fourth key person. |
| **Key Person 5 (if applicable):** | **Enter name of fifth key person.** | **Enter organization of fifth key person.** | **Enter project role of fifth key person.** |
| Key Person 5 Qualification Summary: | Summarize qualifications of fifth key person. |

# Plan Citation

|  |  |
| --- | --- |
| Plan citations: | Click here to enter text. |

# Project Area

|  |  |
| --- | --- |
| Assessment Units name and ID: |       |
| Wetlands name (may be unofficial name) : |       |
| GPS coordinates: |       |
| 12-digit Watersheds: |       |
| Project area (stream miles): |       |
| Project area (wetland acres): |       |
| Project area (upland watershed acres):  |       |
| Insert photo(s) of the project area. |

# Project Area Map

*Insert a map in the space below.*

# Problem Description

| **Assessment Unit ID or Wetland Coordinates** | **Assessment Unit or Wetland Name** | **Impairment Parameters or Wetland Stressors** |
| --- | --- | --- |
| Click here to enter AU ID for first stream or coordinates for first wetland. | Click here to enter name of first AU or wetland. | Click here to enter impairment parameters of first AU or stressors of the first wetland. |
| Click here to enter AU ID or coordinates for next stream or wetland (if applicable). | Click here to enter name of next stream or wetland (if applicable). | Click here to enter impairment parameters of another stream or stressors of another wetland (if applicable). |
| Click here to enter AU ID or coordinates for next stream or wetland (if applicable). | Click here to enter name of next stream or wetland (if applicable). | Click here to enter impairment parameters of another stream or stressors of another wetland (if applicable). |
| Click here to enter AU ID or coordinates for next stream or wetland (if applicable). | Click here to enter name of next stream or wetland (if applicable). | Click here to enter impairment parameters of another stream or stressors of another wetland (if applicable). |
| **Problem Description Narrative**Click here to enter narrative. |

# Goals

| **Assessment Unit ID or Wetland Coordinates** | **Assessment Unit or Wetland Name** | **Current Impairment Parameters, Potential Impairment Parameter Post-Fire, or Wetland Stressors**  | **Load Reduction, Hydrologic, or Wetland Condition Goals of Project** |
| --- | --- | --- | --- |
| Click here to enter AU ID or coordinates for the first stream or wetland. | Click here to enter name of first AU or wetland. | Click here to enter impairment parameters of first AU or stressors of the first wetland. | Click here to enter goals for first AU or wetland. |
| **Goal Narrative**Click here to enter narrative. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Unit ID or Wetland Coordinates** | **Assessment Unit or Wetland Name** | **Current Impairment Parameters, Potential Impairment Parameter Post-Fire, or Wetland Stressors** | **Load Reduction, Hydrologic, or Wetland Condition Goals of Project** |
| Click here to enter AU ID or coordinates for next stream or wetland (if applicable). | Click here to enter name of next AU or wetland (if applicable). | Click here to enter impairment parameters of next AU or stressors of next wetland (if applicable). | Click here to enter goals for next AU or wetland (if applicable). |
| **Goal Narrative**Click here to enter narrative. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Unit ID or Wetland Coordinates** | **Assessment Unit or Wetland Name** | **Current Impairment Parameters, Potential Impairment Parameter Post-Fire, or Wetland Stressors** | **Load Reduction, Hydrologic, or Wetland Condition Goals of Project** |
| Click here to enter AU ID or coordinates for next stream or wetland (if applicable). | Click here to enter name of next AU or wetland (if applicable). | Click here to enter impairment parameters of next AU or stressors of next wetland (if applicable). | Click here to enter goals for next AU or wetland (if applicable). |
| **Goal Narrative**Click here to enter narrative. |

# Management Measures and Measures of Success

|  |
| --- |
| **Management Measure #1:** Click here to enter name of management measure. |
| **Management Measure #1 Description:**Click here to enter description. |
| **Measure of Success:**Click here to enter description. |
| **Management Measure #2:** Click here to enter name of management measure. |
| **Management Measure #2 Description:**Click here to enter description. |
| **Measure of Success:**Click here to enter description. |
| **Management Measure #3:** Click here to enter name of management measure. |
| **Management Measure #3 Description:**Click here to enter description. |
| **Measure of Success:**Click here to enter description. |
| **Management Measure #4:** Click here to enter name of management measure. |
| **Management Measure #4 Description:**Click here to enter description. |
| **Measure of Success:**Click here to enter description. |
| **Management Measure #5:** Click here to enter name of management measure. |
| **Management Measure #5 Description:**Click here to enter description. |
| **Measure of Success:**Click here to enter description. |

# Complementary Programs and Match

*Describe other state, federal, or private programs or partners that will contribute effort or funding towards the 10% of the total project budget that must be made up of nonfederal funds, in-kind labor, equipment, services, or other items of value that the applicant or other project partners will contribute to the project. Federal contributions do not count toward the minimum 10% nonfederal contribution.*

|  |
| --- |
| Click here to enter text. |

# ~~Socioeconomics~~

|  |  |
| --- | --- |
| *~~Will the project result in environmental or economic benefits for the local communities?~~* | *~~Yes~~* *~~No~~* |
| *~~Describe whether the project is located in underserved communities, whether the underserved communities or organizations are engaged in the project and how the project benefits the underserved communities.~~* | ~~Click here to enter text.~~ |
| *~~Include a screenshot of the~~* [*~~EJScreen~~*](https://ejscreen.epa.gov/mapper/) *~~demographic index for the project area.~~* |

# Permits

*List any permits, certifications, and environmental or cultural clearances that will be needed to implement the project. Describe any progress that has already been made to obtain those permits, certifications and clearances.*

|  |
| --- |
| Click here to enter text. |

# Implementation Schedule

| **Task Number** | **Task Title** |  |
| --- | --- | --- |
| 1 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 2 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 3 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 4 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 5 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 6 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 7 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 8 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 9 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |
| 10 |       | List key person(s) to accomplish task | Task Start Date | Task End Date | Deliverable(s)  |
| **Task Description** | Provide a brief description of how the task will be accomplished. |

# Letters of Support

*Include Letters of Support from key project participants and supporters such as contractors, landowners, public lands managers, watershed groups, user groups, and other agency partners as attachments (Section R) to this application. Letters of Support should state the role or contribution in the project for that specific agency or individual, where applicable.*

# Budget

*Optional: If preferred, you can use* ***Attachment A-1: Budget Tables for Local Public Bodies*** *in Excel to populate the budget tables.*

| **BUDGET CATEGORIES** | **CWA 319 Funds** | **Cash or In-Kind MATCH**  | **TOTAL** |
| --- | --- | --- | --- |
| **Personnel:** (Planned number of hours and hourly rate paid to each person. Personnel rate is capped at $91.95/hour or $735.60/day.) |  |  |  |
| Project Manager  |       |       |       |
| Other paid staff - (Identify each person. Add rows as necessary.) |       |       |       |
| Benefits and Employee Withholdings – (enter the estimated costs of benefits and withholdings, if applicable, in one or more rows.) |       |       |       |
| ***Personnel Subtotal*** |       |       |       |
|  |  |  |  |
| **Equipment:** (This is for the purchase of items costing $5,000 or more. See 2 CFR 200.439.) |  |  |  |
| Permanent equipment (e.g., pre-fabricated vault toilet)  |       |       |       |
| Heavy equipment (specify type if applicable) |       |       |       |
| Monitoring equipment (over $5,000 per item) |       |       |       |
| Other equipment |       |       |       |
| ***Equipment Subtotal*** |       |       |       |
|  |  |  |  |
| **Travel:** (If applicable, enter one or more rows for per diem, mileage, lodging, and/or meals, using rates in accordance with your organization’s written travel reimbursement policies, or use the rates applicable to New Mexico state employees, at 2.42.2 NMAC at the time of application. Include volunteer per diem and mileage in the match column.) |  |  |  |
| Per diem |       |       |       |
| Mileage |       |       |       |
| Other travel expense (e.g., baggage fee, airline, etc.) |       |       |       |
| ***Travel Subtotal*** |       |       |       |
|  |  |  |  |
| **Supplies:** (Individual items under $5,000 each. Specify any materials donations and include amount in the match column.) |  |  |  |
| Field supplies (specify each material e.g., rock, seed, plants, feed, reclamation materials, fencing materials, etc.) |       |       |       |
| Monitoring supplies (specify each supply) |       |       |       |
| (e.g., office, meeting, or public announcement supplies) |       |       |       |
|  |       |       |       |
| Estimated gross receipts taxes |       |       |       |
| ***Supplies Subtotal*** |       |       |       |
|  |  |  |  |
| **Contractual – Direct Labor, Outside Services:** (Provide hourly or daily rates for each person. Rates are capped at $91.95/hour or $735.60/day.) |  |  |  |
| Heavy equipment (specify types and rates for equipment plus operator, if operator is included, insurance costs, fluid costs, fuel costs, etc.) |       |       |       |
| Contractor personnel (e.g., project manager, field supervisor, crew member, equipment operator [if not included above], etc.) |       |       |       |
| (e.g., venue expenses such as rental for public meeting space, etc.) |       |       |       |
| (e.g., publications or printing services) |       |       |       |
| (e.g., materials or supplies purchased by the subcontractor) |       |       |       |
|  |       |       |       |
| Estimated gross receipts taxes |       |       |       |
| ***Contractual Subtotal*** |       |       |       |
|  |  |  |  |
| **Other:** |  |  |  |
| (e.g., port-a-potty rental, venue rental, or other rentals to support the project)  |       |       |       |
| (e.g., printing services or mailing costs) |       |       |       |
|  |       |       |       |
| Estimated gross receipts taxes |       |       |       |
| ***Other Subtotal*** |       |       |       |
|  |  |  |  |
| **TOTAL** |       |       |       |
| % of Total Budget |       |       |       |

**COST BY IMPLEMENTATION TASK AND DELIVERABLES**

|  |
| --- |
| **Task 1:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |  |  |  |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 2:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |  |  |  |
| Travel |  |  |  |
| Equipment |  |  |  |
| Supplies |  |  |  |
| Contractual |  |  |  |
| Other |  |  |  |
| Estimated GRT |  |  |  |
| **TOTAL** |  |  |  |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 3:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 4:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 5:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 6:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 7:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 8:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 9:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  |
| **Task 10:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Personnel |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Estimated GRT |       |       |       |
| **TOTAL** |       |       |       |
| Budget Notes: (e.g., travel rates for mileage or per diem, types of supplies and costs, etc.)  |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| **OVERALL TOTAL** |       |       |       |

# Attachments

*Use this section for any additional attachments to support your application.*