**Federal Clean Water Act Section 319 Grant**

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

**Request for Applications (RFA)**

**Attachment B:**

**Application Form** for Vendors on Price Agreement (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 Causes 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 causes of first stream or stressors of first 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 causes 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 causes 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 causes 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 Causes, Potential Impairment Cause 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 Causes, Potential Impairment Cause 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 Causes, Potential Impairment Cause 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?~~* | *~~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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |
| 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. |
| **Price Agreement Item #s** | Insert the applicable Price Agreement Item number(s) here. |

# 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 B-1: Budget Tables for Vendors on Price Agreement*** *in Excel to populate the budget tables.*

|  |
| --- |
| **Task 1:**       |
| **Deliverables:**       |
|  | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Item Number |       |       |       |
| Travel |       |       |       |
| Supplies |       |       |       |
| 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** |       |       |       |

**COST BY PRICE AGREEMENT SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Price Agreement Item Number** | **Quantity** | **Rate** | **CWA 319 Funds** | **Cash or In-Kind Match** | **Total Budget** |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Item Number |       |       |       |       |       |
| Travel (mileage) |       |       |       |       |       |
| Travel (per diem) |       |       |       |       |       |
| Travel (expenses) |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Material/Supply |       |       |       |       |       |
| Other |       |       |       |       |       |
| Other |       |       |       |       |       |
| Estimated GRT |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |
| **% of Total Budget** |  |  |  |  |  |

# Attachments

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