**Vadnais Lake Area Water Management Organization**

800 East County Rd E

Vadnais Heights, MN 55127

vlawmo.org

BASIC INFORMATION

(651) 204-6070

**COMMUNITY BLUE**

**GRANT APPLICATION**

Please submit form and required materials to: NICK VOSS [Nick.Voss@vlawmo.org](mailto:Nick.Voss@vlawmo.org)

PROJECT NAME

CONTACT PERSON

APPLICANT INFO

ADDRESS

CITY

ZIP

ORGANIZATION

PHONE

EMAIL ADDRESS

WHAT GEOGRAPHIC AND/OR DEMOGRAPHIC AREA DO YOU SERVE?

PROJECT BACKGROUND

HOW MUCH ARE YOU REQUESTING? (BETWEEN $200 AND $10,000)

HOW MUCH ARE YOU PREPARED TO MATCH OR PROVIDE IN-KIND?

INTRODUCTION & GOAL

1. A: DESCRIBE THE MISSION AND GOALS OF YOUR ORGANIZATION/PROFESSION AND WAYS IT RELATES TO WATER RESOURCES.

B: IN 2-3 SENTENCES: WHAT DOES THE PROJECT DO (LIST HARD DETAILS OF #, PLACE, EVENT, ETC). AND WHAT’S THE GOAL?

1. DESCRIBE HOW YOUR PROJECT WILL PROTECT OR IMPROVE WATER QUALITY. FOR EDUCATIONAL COMPONENTS, DESCRIBE BEHAVIORS AND ACTIONS THAT WILL BE ENCOURAGED THROUGH THE PROJECT AS THEY RELATE TO WATER.

PROJECT BACKGROUND

PROJECT BACKGROUND

3. DESCRIBE ANY PROJECT PARTNERS, THEIR ROLE IN THE PROJECT, THEIR QUALIFICATIONS, AND THEIR ROLE IN YOUR PROJECT. FOR PROJECTS WITH INVOLVED PARTNERSHIPS, A SEPARATE CONFIRMATION LETTER MAY BE REQUESTED.

*Please provide specifics (names, titles, email or phone #)*

**PROJECT OBJECTIVES**

1. IN THE SPACE BELOW, PLEASE BREAK DOWN YOUR PROJECT INTO OBJECTIVES (**UP TO 5**). THESE SHOULD TELL THE STORY OF YOUR PROJECT FROM PREPARATION TO ACTION TO FOLLOW-UP MEASURES. INCLUDE AN ESTIMATED COMPLETION DATE (left box) AND COST (right box) TO EXPIDITE PROJECT BUDGETING AND FUND DISPERSAL.

COMPLETION DATE (M/Y)

COST (right box)

**1** OBJECTIVE

DESCRIPTION

\_\_\_\_\_\_\_\_

POSSIBLE

COMPLETION DATE (D/M/Y):

COSTS:

BARRIERS

COMPLETION DATE (D/M/Y)

COST (right box)

**2** OBJECTIVE

DESCRIPTION

\_\_\_\_\_\_\_\_

POSSIBLE

BARRIERS

COMPLETION DATE (D/M/Y)

COST (right box)

**3** OBJECTIVE

PROJECT PLAN

DESCRIPTION

\_\_\_\_\_\_\_\_

POSSIBLE

BARRIERS

COMPLETION DATE (D/M/Y):

COSTS:

COMPLETION DATE (D/M/Y)

COST (right box)

**4** OBJECTIVE

DESCRIPTION

\_\_\_\_\_\_\_\_

POSSIBLE

BARRIERS

COMPLETION DATE (D/M/Y):

COSTS: (right box)

**5** OBJECTIVE

DESCRIPTION

\_\_\_\_\_\_\_\_

POSSIBLE

BARRIERS

**MEASUREMENT AND EVALUATION**

1. DESCRIBE HOW YOU WILL MEASURE THE SUCCESS OF YOUR PROJECT.

Measurements should be phrased as a final result. What tangibles will prove that the objective was met?

Example: Number of participants, number of installations, gallons of stormwater infiltrated, etc. Effective measurables relate back to the goal and purpose of the project – VLAWMO will make recommendations as needed. If an objective doesn’t need a measurable please indicate another objective that has a measureable that serves to measure both.

OBJECTIVE 1:

OBJECTIVE 2:

OBJECTIVE 3:

OBJECTIVE 4:

OBJECTIVE 5:

PROJECT PLAN

**BUDGET DESCRIPTION**

6. DESCRIBE THE BUDGET: List 1) materials and services that the requested funds will go towards and 2) description of Match funds that go with that objective/expense.

OBJECTIVE 1/EXPENSE 1:

OBJECTIVE 2:

OBJECTIVE 3:

OBJECTIVE 4:

OBJECTIVE 5:

**BUDGET**

7**.** COMPLETE THE FOLLOWING TABLE FOR PROJECT COSTS. IF ADDITIONAL COSTS EXIST INDEPENDENT OF GRANT FUNDING LIST THEM AS FUNDING AS OTHER SOURCE. PLEASE SPECIFY AN AMMOUNT PER EXPENSE AND A TOTAL.THE GREEN BOX IN PART 7 MUST EQUAL

THE GREEN BOX IN PART 8. USE WORK PLAN SPREADSHEET FOR MORE DETAIL. TIP: ALIGN EXPENSES ACCORDING TO OBJECTIVES IN PART 5.

PROJECT FINANCIALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSES**  Reflect objective # | **PERSONNEL COSTS**  “N/A” if blank | **MATERIALS / SUPPLIES**  “N/A” if blank | **FUNDING FROM**  **OTHER SOURCE**  “N/A” if blank | **TOTAL** |
| **EXPENSE 1:** |  |  |  |  |
| **EXPENSE 2:** |  |  |  |  |
| **EXPENSE 3:** |  |  |  |  |
| **EXPENSE 4:** |  |  |  |  |
| **EXPENSE 5:** |  |  |  |  |
| **TOTALS** |  |  |  |  |

Description of other source funding:

**TOTAL EXCLUDING MATCH FUNDS:**

**GRANT FUNDING & MATCH FUNDS**

8**.** PLEASE FILL IN THE TABLE BELOW WITH HOW YOU PLAN TO ALLOCATE YOUR FUNDING.

Match funds are required assets for the project that strive to support community investment and exposure. Match funds may be cash from other sources, mileage, pre-existing materials involved in the project, or provided in-kind (i.e. volunteer services).

In-kind match hours may be volunteer service hours, voluntary presentations, etc.

Consult with VLAWMO staff for discussion on what applies as match funds. VOLUNTEER HOURS ARE VALUED AT

THE BLUE BOX SHOULD BE AN ADDITIONAL 25-100% OF THE GREEN BOX. **$25/HR**

PROJECT APPLICATIONS ARE WEIGHED WITH A PREFERENCE FOR PROJECTS MILEAGE IS VALUED AT

WITH HIGHER MATCH FUNDS, IN ADDITION AND ARE VOTED ON THROUGH **$0.525/MI**

THE VLAWMO TECHNICAL COMMISION.

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES** | **REQUESTED VLAWMO FUNDING** | **MATCH FUNDS**  Cash In-kind | **TOTAL** |
| **EXPENSE 1:** |  |  |  |
| **EXPENSE 2:** |  |  |  |
| **EXPENSE 3:** |  |  |  |
| **EXPENSE 4:** |  |  |  |
| **EXPENSE 5:** |  |  |  |
| **TOTALS** |  |  |  |

**BUDGET CONTINUED**

**9)** DESCRIPTION OF MATCH FUNDS: CASH AND/OR IN-KIND HOURS. Briefly describe the nature, activity, or function of the match funds for each expense line. I.e. “volunteer hours”, “honorarium”, etc.

**EXPENSE 1:**

**EXPENSE 2:**

**EXPENSE 3:**

**EXPENSE 4:**

**EXPENSE 5:**

**FUTURE POTENTIAL**

**10.)** WILL YOU OR THE PROJECT PARTNERS BE ABLE TO REPEAT THIS PROJECT? EXPLAIN HOW THE PROJECT WILL BE CARRIED ON IF 1) THE PROJECT IS A SUCCESS AND 2) ADDITIONAL FUNDS WERE AVAILABLE

**11.)** HOW DID YOU HEAR ABOUT OUR GRANT PROGRAM?