



Building Local Level Implementation Watershed Association Professional Development Mini-Grants

Purpose: to provide professional development funds for the staff and volunteers of qualified watershed organizations in the Lake Champlain Basin, to cover expenses such as travel, meals, registration and accommodations at *meetings, conferences, workshops and other venues* designed to enhance the organizations' capacity to operate.

Qualifying Organizations: Watershed types of organization within the Lake Champlain Basin may apply for Watershed Association Professional Development Mini-grants provided they meet the following criteria:

- Organizations must be 501c3 nonprofits and have a mission statement - if a statement has been established - that includes natural resource stewardship specifically pertaining to water quality. Note: Several volunteer watershed associations, not yet having formal identity as a non-profit corporation, have successfully completed LCBP contracts which were received, expended and reported on their behalf by an established qualifying organization. This affiliation with an established organization may also be invoked to qualify for professional development mini-grants. Organizations or groups having successfully completed an LCBP Local Implementation contract in excess of \$4,000, pertaining to watershed stewardship will be given preference.
- The professional development activities must be related to improving water quality in the Lake Champlain basin, particularly the streams and rivers that flow to the Lake or to strengthening the long-term operation of a local watershed group. Organizational capacity building (for example, fundraising workshops or computer training) that will significantly enhance the operations of the organizations may also be supported.

Deadlines: Applications deadlines are the last day of each month. Awards will be announced shortly thereafter. We encourage organizations to submit their requests a month in advance.

Funding: Professional development funds may be awarded, up to \$500 annually, per organization, subject to availability of funds.

Review: Applications will be reviewed and evaluated, then approved or denied by the LCBP.

Reimbursement: Please keep all of your receipts. Attach the receipts to the reimbursement form and return it to the LCBP following the event.

Follow up: Recipients of professional development grants may be asked to share their experiences at informal discussions among watershed associations in the future.

Lake Champlain Basin Program, 54 West Shore Road, Grand Isle, VT 05458 (800)-468-5227

Lake Champlain Basin Program
Application for Professional Development Mini-Grant

Watershed Organization: _____

Person attending professional development training: _____ **Relationship to organization:** _____
(Complete a separate application for each attendee) (Board, staff, etc)

Has your organization successfully completed a local implementation contract for at least \$4,000 with the LCBP? _____ Project Name: _____

If your organization has established a mission statement, please write it below:

Training/workshop/conference data:

Date(s) of training and travel: _____

Type of training: _____

Organization(s) hosting the training: _____

Location: _____

Describe how this training will benefit your organization's ability to implement local projects to protect local waters, and ultimately Lake Champlain:

Estimated Expenses:

I would like to be reimbursed for the following costs (receipts will be required for payment):
Please enclose a copy of your conference/event/course registration form if applicable.

Training/workshop/conference registration fee: _____

Travel fees or mileage (.50/mile): _____

Meals: _____

Accommodations: _____

Total Request: _____

Please note: Your application will be reviewed promptly by the LCBP. Reimbursement **will not** be allowed for expenses incurred before the approval date below. NEIWPCCC will only reimburse for those expenses accompanied by a receipt (except for mileage).

Request Date: _____ **Signature:** (applicant) _____

Approval Date: _____ **Signature:** (LCBP) _____

Your fax and/or phone #: _____

Travel Reimbursement Form

*Please use this form to keep track of your expenses.
Submit this form, along with your receipts within 30 days of the event.*

Meeting Name: _____
Meeting Location: _____
Meeting Dates: _____

Name of Traveler: _____
Social Security Number: _____ (Note: if the check is payable to an organization, a SS# is not needed).

Telephone/Fax/Email: T: _____ F: _____ E: _____

ITEM:	Amount Requested:
Ferry Tickets:	\$ _____
Personal Vehicle Mileage: __miles @ \$ 0.50 per mile:	\$ _____
Parking	\$ _____
Tolls:	\$ _____
Conference/Workshop Fees:	\$ _____
Hotel:	\$ _____
Airfare:	\$ _____
Meals:	\$ _____
Other:	\$ _____
Total	\$ _____

Check Made Payable To: _____
Mail Check To: _____

**** PRIOR APPROVAL AND RECEIPTS ARE REQUIRED ****
Within 30 days of conference/workshop, forward receipts to:

LCBP, 54 West Shore Road, Grand Isle, VT 05458