# colorlogo

#  **2015 Organizational Support Grants:**

#  **APPLICATION FORM**

*Applications must use the format below and provide all of the information requested to be considered for review.*

1. Summary Page

On a single page, please provide the following information in the order shown:

***Project Name/Title:***

 ***Project Category:*** Organizational Support

***Contact Information:***

Name of Contact Person:

Authorized Signatory and Title (if different from Contact Person):

Organization:

Mailing Address:

Phone and FAX numbers:

Electronic Mail Address:

***Eligibility:*** Please list all of your organization’s current Lake Champlain Basin Program grants. Any organization with an existing award that has overdue workplans, reports, or other deliverables is ineligible and should not apply.

All new projects will be required to submit a workplan within thirty days after award notifications are made. Projects must be initiated no more than six months after award notification. If these deadline specifications are not met then awards will be lost.

***Amount of LCBP Request:***

***Organization Mission Statement***: (3-5 sentences)

***Brief Summary:*** Please describe your request in 3-5 sentences.

 ***Outcome/Deliverable:***  Please provide one sentence describing measurable project outcomes.

B. Application Content

Please include the following information (1-5) in order, using no more than 3 pages combined (**12 point Times New Roman (or equivalent) font or larger, minimum 1 inch margin on all sides**). Complete applications should be no longer than 5 pages in length (1 summary page, 3 pages for application questions/answers, 1 budget page). **Additional pages, with the exception of letters of support (3 maximum) will NOT be reviewed.**

Be sure to address the *Request for Proposals (RFP) Selection Criteria* (see Grant Guidelines for this grant category) in forming your application narrative, which should describe your project as directly and concisely as possible. The review committee will evaluate your application based on its content in accordance with the RFP Selection Criteria.

1. Describe your project and document the need for this work to be accomplished. If part of a larger project, please describe in detail the portion of the project for which you are seeking LCBP funding. Are you aware of other organizations doing similar work? If your project will take place on private land, how will it benefit the broader community?
2. Explain how your project addresses the appropriate priorities in *Opportunities for Action.* Identify measurable environmental outcomes from your project (e.g., area of re-vegetated stream bank, number of rain barrels constructed, number of nutrient management plans developed).
3. Please use the **example format below** to describe your project objectives, tasks to fulfill these objectives, deliverables produced by each task, timeline for task completion and cost.

**EXAMPLE Project Objective, Task, Deliverable and Timeline Table Format** (please fill in for your application)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task #** | **Objective** | **Task Title** | **Deliverable** | **Timeline** |
| 1 | Engage public | Hold public forum | Press release | March, 2016 |
| 2 | Education outreach | Contact watershed teachers about use of model, newsletter development and distribution | Contact letter, spring 2015 newsletter | March-May, 2016 |
| 3 | River clean up | Organize and hold river clean up | Press release, photos | June-August, 2016 |
| 4 | Complete final report |  | Final report, fall 2015 newsletter | December, 2016 |

C. Budget Table and Justification

Please use the format below for your budget table.

* If the LCBP request is part of a larger project, please indicate the estimated total project value and the funding source.
* All expenses should be placed into one of the following major categories:
	+ Direct Costs - subcategories include: Personnel, Fringe Benefits, Travel, Supplies, Professional Services.
	+ Indirect Costs – include general office and operating expenses, insurance, bookkeeping, etc. Please refer to the *Grant Guidelines* for more information about direct and indirect costs.
* List additional specific expense categories where appropriate.
* Budget items should be divided into funding sources as shown in the budget table. At minimum, show which items will be covered by the LCBP grant and which items will be part of your matching contribution (if matching contributions will be used). List other sources of funding that are not being used as match (such as other federal funds) below your budget table, as shown.
* In addition to the budget table, please include a brief justification for each line in each task in your budget, as in the following example:
* **Personnel:** Staffing for project planning (Task 1) supports staffing for oversight of project activities, 50 hours @ $18/hr. Proposed match includes staff time and volunteer time for all tasks.
* **Fringe:** Fringe refers to benefits and is calculated as an appropriate percentage of personnel costs for each Tasks. Proposed Match can include unrecovered costs to applicant not included in this grant request.
* **Supplies:** Examples are photocopying & mailing (Task 1). Match includes the value of donated materials.
* **Professional Services:** Example would be hiring a subcontractor to complete a specific task.
* **Indirect:** Indirect includes real expenses that are part of the cost of doing this business, but not directly expended on tasks. Examples include paying an auditor at the end of the year, insuring the office, or other expenses that are not directly supporting these tasks, but are necessary expenses in order to handle this work. Indirect is calculated at an appropriate percent of direct costs for all tasks (the example of 12.5% used here may be higher or lower than your indirect).

**Budget Table Format** (Dollar values for illustration only.)

|  |  |  |
| --- | --- | --- |
| **Project Budget: Line Item by Task** |  |  |
|  ***Line Item*** | **Task 1** | **Task 2** (Final Report - add or remove columns as needed) | ***Line Item* *Totals* for All LCBP-funded Tasks**  | Proposed Non-Federal Match (if any)\* | ***Line Item* *Totals* + Proposed Match** |
| Personnel | $900 | $500 | $1,400 | $350 | $1,750 |
| Fringe | $270 | $150 | $420 | $0 | $420 |
| Travel | $100 | $0 | $100 | $100 | $200 |
| Supplies | $325 | $100 | $425 | $0 | $425 |
| Professional Services | $0 | $0 | $0 | $0 | $0 |
| **Total Direct** | **$1,595** | **$750** | **$2,345** | **$450** | **$2,795** |
| Indirect | $199 | $94 | $293 | $56 | $349 |
| **TOTAL BUDGET** | **$1,794** | **$844\*\*** | **$2,638** | **$506** | **$3,144** |

**\***Additional federal funds supporting this project include $500 from an EPA grant.

\*\* At least 10% of your total LCBP award should be reserved for the Final Report task.

A budget template is available in MS Excel: [http://www.lcbp.org/wp-content/uploads/2015/09/LCBP-Local-Grants-budget-calculator.xlsx](http://www.lcbp.org/wp-content/uploads/2014/09/LCBP-Local-Grants-budget-calculator.xlsx).

D. Letters of Support

Attach any required letters of participation and up to three letters of support to your application. Please be sure that the letters are signed by the appropriate authors. **Letters of support received separately from the application will not be included in the application review**. See the *Grant Guidelines* for more information.

E. Submission Process

* Submit an Electronic version of your application to grants@lcbp.org no later than 4:30 PM EST Friday, August 28, 2015. Electronic submission to grants@lcbp.org is required. Please be sure you receive email notification that your application was received. Electronic submissions must be in MS Word or Word-compatible format. Hardcopies will NOT be accepted.

**Applications in this category must be *received* in the Basin Program Office by**

**4:30 PM EST Friday, August 28th, 2015.**

Successful applicants will be notified by early October, 2015.

Send completed applications (electronic versions *only* will be accepted) to grants@lcbp.org. Direct all questions to Kathy Jarvis, Office Manager (kjarvis@lcbp.org).

PHONE: 800-468-5227 (Toll free in VT/NY) or 802-372-3213

ADDRESS: Lake Champlain Basin Program, 54 West Shore Road, Grand Isle, VT 05458