

Water Resources Education Network (WREN)

A project of the League of Women Voters of Pennsylvania Citizen Education Fund (LWVPA CEF)

GRANT APPLICATION COVER PAGE – attach to Front of Proposal

Project time period July 1, 2009 through June 30, 2010

Project and Applicant Information:

Lead Organization: _____

Project Title: _____

Organization type (check one): Non-profit[501(c)(3)] School Conservation District Government
 Community Water System (PWSID# _____) other (specify) _____

Will your project implement recommendations of an existing watershed or river conservation plan? Yes No

If yes, identify the plan and responsible organization: _____

Is your project consistent with a municipal or county comprehensive land use of local watershed protection plan?

Yes No If no, explain why not: _____

Project Leader: _____

Address: _____

City, State, Zip: _____

Telephone/Fax: _____

Project Leader email: _____

Lead Organization website: _____

Organization with fiscal responsibility: _____

Partners (*Organization Name only; attach Partner Form or letter of support for each partner*):

Name a person (s) who can attend the Orientation meeting in addition to OR in place of the Project Leader if necessary

Name of watershed/stream/river on which project focuses: _____

Geographic location of waters (Township(s), Borough (s): _____

County(ies): _____

Hydrologic Unit Code (HUC) (Find yours by going to <http://water.usgs.gov/GIS/huc.html>) _____

Amount of Funding Requested: \$ _____

Summarize the overall goal(s), expected outcome(s), and project deliverable(s)/workproduct(s) in this space (1 -2 sentences):

Applications must be postmarked (if mailed) or received (if hand delivered) by 4:00 p.m. on April 3, 2009 to the following address: League of Women Voters of Pennsylvania Citizen Education Fund Attn: WREN, 226 Forster St, Harrisburg, PA 17102-3220. Faxes are not acceptable. For submittal questions call (800) 692-7281.

July 1, 2009 - June 30, 2010
WREN Grant Partner Form

Project Name:

Project Leader:

PARTNERING ORGANIZATION

Partner :

Telephone:

Summary of Partner's participation in the project:

Check which is applicable-can be

both:

Program Activities _____

Matching Funds _____

Other _____

Partner's Signature:

Email address:

Printed Name:

Telephone: