



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

**WATERSHED EDUCATION GRANT APPLICATION COVER PAGE – attach to Front of Proposal**

Project time period July 1, 2012 through June 30, 2013

<i>Project and Applicant Information:</i>	
Lead Organization:	
Project Title:	
Summarize the overall goals(s), expected outcomes(s), and project deliverables(s)/workproducts(s) in this space (1-2 sentences):	
Organization type (check one):	<input type="checkbox"/> Non-profit[501(c)(3)] <input type="checkbox"/> School <input type="checkbox"/> Conservation District <input type="checkbox"/> Government <input type="checkbox"/> Community Water System (PWSID# ) <input type="checkbox"/> other (specify)
Identify DEP Region where project is located? (Click on links below to identify counties in DEP Regions.)	
<input type="checkbox"/> Southeast <input type="checkbox"/> Northeast <input type="checkbox"/> Southcentral <input type="checkbox"/> Northcentral <input type="checkbox"/> Southwest <input type="checkbox"/> Northwest	
Project Leader:	<b>Partners (Organization Name only; attach Partner Form):</b>
Project Leader Title:	
Address:	
City, State, Zip:	
Telephone:	
Project Leader Email Address:	<i>Name a person (s) who can attend the Orientation meeting in addition to OR in place of the Project Leader if necessary.</i>
Organization with fiscal responsibility:	
Name of watershed/stream/river on which project focuses. This information can be found at: <a href="http://www.pawaterplan.dep.state.pa.us/statewaterplan/docroot/default.aspx">http://www.pawaterplan.dep.state.pa.us/statewaterplan/docroot/default.aspx</a>	
Is stream/river on which this project focuses on DEP Impaired List – Section 303(d)? <a href="http://www.portal.state.pa.us/portal/server.pt/community/water_quality_standards/10556/integrated_water_quality_report_-_2010/682562">http://www.portal.state.pa.us/portal/server.pt/community/water_quality_standards/10556/integrated_water_quality_report_-_2010/682562</a>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Geographic location of waters - Township(s), Borough (s):	
County(ies):	
Lead Organization website:	
<b>Note: Activities required by a draft or final NPDES permit such as CAFO's or MS-4s are not eligible for funding.</b>	Amount of Funding Requested: \$

Applications must be postmarked (if mailed) or received (if hand delivered) by 4:00 p.m. on March 23, 2012 to the following address:  
 League of Women Voters of Pennsylvania Citizen Education Fund Attn: WREN Grant, 226 Forster St, Harrisburg, PA 17102-3220.  
 Faxes are not acceptable. For submittal questions call (800) 692-7281.

## July 1, 2012 - June 30, 2013 WREN Grant Budget Summary

Project Name:

Project Leader:

Organization with fiscal responsibility:

### Expenditure Categories for Water Resources Education Network Funded Grant

	Column 1 LWVPA CEF Funds Requested:	Column 2 Other Funding being used for this project*:	Column 3 In Kind Contributions, if known (Match):	Column 4 Total Anticipated Expense (column 1+2+3):
Printing/copying	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Office supplies	\$	\$	\$	\$
Postage/Distribution	\$	\$	\$	\$
Advertising/Promotion (including website)	\$	\$	\$	\$
Workshops/Meetings	\$	\$	\$	\$
Administrative Personnel	\$	\$	\$	\$
<b>Program Outreach Personnel</b>	\$	\$	\$	\$
List Organization/Individuals to receive funds:				
<b>Professional Services</b>	\$	\$	\$	\$
List Organization/Individuals to receive funds:				
<b>Educational Equipment or materials (list below)</b>	\$	\$	\$	\$
Signs	\$	\$	\$	\$
<b>Other Items (list)</b>	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL:</b>	\$	\$	\$	\$

Attach this budget worksheet to Grant Application Cover Page

**\*If there are other funds being used for this project, please check:**

PA DEP Environmental Education Grant   
  PA DEP Growing Greener Grant   
  Other \_\_\_\_\_

*July 1, 2012 - June 30, 2013*

*WREN Grant Partner Form*

**Project Name:**

**Project Leader:**

**PARTNERING ORGANIZATION**

**Partner:**

**Address:**

**City, State, Zip**

Describe what Project Tasks or Activities the Partner will undertake, and funding or in-kind services to be provided:

Check the types of support the Partner is providing: (can be multiple types):

- Active Involvement in Program Activities
- General Support of Program Activities
- Matching Funds
- Other

**Partner's Signature:**

**Printed Name:**

**Title:**

**Email Address:**

**Telephone Number**

***Attach a separate sheet for each Partner***