

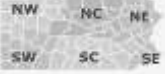


A project of the League of Women Voters of Pennsylvania Citizen Education Fund (LWVPA CEF)

Source Water Protection Collaborative Grant Proposal

GRANT APPLICATION COVER PAGE – attach to Front of Proposal

Project time period July 1, 2014 through June 30, 2015

Project and Applicant Information:		
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) _____	
Check which type of grant: Regional SWP <input type="checkbox"/> County SWP <input type="checkbox"/>		
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 		
Name of Public Water System(s):	Is there a DEP approved SWP Plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check box to identify water sources:	Groundwater Sources <input type="checkbox"/> Surface Water Sources <input type="checkbox"/> Both <input type="checkbox"/>	
Geographic target area of project - Township(s), Borough (s):		
County(ies):		
Project Leader:	Partners (Organization Name only; attach Partner Form):	
Project Leader Title:		
Address:		
City, State, Zip:		
Telephone:		
Project Leader Email Address:	Name/phone of a person(s) who can attend the Orientation meeting in addition to OR in place of the Project Leader if necessary:	
Organization with fiscal responsibility:		
Models will be borrowed <input type="checkbox"/>	From:	Models will be purchased <input type="checkbox"/>
Lead Organization website:		

Amount of Funding Requested: \$

MAIL Hard Copy Proposals to LWVPA-CEF with postmark no later than March 21, 2014 to the following address:
 League of Women Voters of Pennsylvania Citizen Education Fund Attn: WREN SWP Grant, 226 Forster Street, Harrisburg, PA 17102-3220. Faxes are not acceptable. EMAIL your application (without attachments) to Julie Kollar at: juliekwren@verizon.net .
 For submittal questions call (800) 692-7281.

July 1, 2014 - June 30, 2015 WREN SWP Grant Budget Summary

Lead Organization: _____

Project Name: _____

Project Leader: _____

Organization with fiscal responsibility: _____

Project Title: _____

Expenditure Categories for Source Water Protection Collaborative Grant

	Column 1 LWVPA CEF Funds Requested:	Column 2 Other Funding being used for this project*:	Column 3 In Kind Anticipated Contribution (Match):	Column 4 Total Anticipated Expense (Column 1+2+3):
Printing/copying	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Office supplies	\$	\$	\$	\$
Postage/Distribution	\$	\$	\$	\$
Advertising/Promotion	\$	\$	\$	\$
Website	\$	\$	\$	\$
Workshops/Meetings	\$	\$	\$	\$
Administrative Personnel	\$	\$	\$	\$
Program Outreach Personnel**	\$	\$	\$	\$
**List Organization/Individuals to receive funds:				
Professional Services**	\$	\$	\$	\$
Models (Groundwater model/Enviroscape)	\$	\$	\$	\$
Other Expenses	\$	\$	\$	\$
Brochure/Fact Sheet: QTY to be printed_____	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<i>Volunteer Labor provided as In-Kind Contribution:</i> <i>Current rate found at:</i> http://www.independentsector.org/volunteer_time?s=volunteer%20value%20of%20time#sthash.oioCPf6F.dpbs			\$	\$
TOTAL:	\$	\$	\$	\$

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 _____

WREN Grant Partner Form
Source Water Protection Collaborative Grant
July 1, 2014 - June 30, 2015

Project Name:

Project Leader:

PARTNERING ORGANIZATION INFORMATION

Partner:

Address:

City, State, Zip

Briefly describe the project tasks or activities the Partner will undertake in the project. State what the Partner will do to assist with any checked activities on the right:

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

As a Partner, we agree to participate:

- Member of Source Water Collaborative
- Member of **Source Water Protection Education Team** (SWEET Team, in addition to the Collaborative).

We commit to assist in the following activities:

- Participate with our team in a professional development workshop on source water protection (if required by WREN)
- Develop and distribute a Fact Sheet or Brochure on local Source Water Protection with information on recommended prevention measures. Will you post the Fact /brochure to your organization's website? YES NO
- Participate in the source water protection information meeting/briefing for local municipal/county officials.
- Check the number of SWP education events in which your organization will participate:
 Note: the SWEET team must complete a minimum of three educational events in addition to municipal/County official briefing.
 1 2 3

Please list any funding or in-kind services that will be provided:

- Assist with Emergency response coordination
- Assist with School Source Water Protection Education Session by providing the following :

Outline resources we will provide to assist water system with source water protection efforts:

- Serve as a resource to local public water system(s) with their drinking water source protection planning efforts: explain in box to left.
- If a Water System Partner: we will agree to pilot the [Passport to Clean Water Checklist](#). (check box)

Partner's Signature:

Printed Name:

Title:

Partner Organization Website Address:

Email Address of above individual:

Telephone Number:

Attach a separate sheet for each Partner