



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, 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) _____
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:	Partners (Organization Name only; attach Partner Form):
Project Leader Title:	
Address:	
City, State, Zip:	
Telephone:	
Project Leader Email Address:	Name 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:	
Name of watershed/stream/river on which project will focus. Consult the EPA Surf Your Watershed website: http://cfpub.epa.gov/surf/locate/index.cfm .	
Is stream/river on which this project focuses on DEP Impaired List – Section 303(d)? http://www.portal.state.pa.us/portal/server.pt/community/water_quality_standards/10556/integrated_water_quality_report_-_2012/1127203DEO	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geographic location of waters - Township(s), Borough (s):	
County(ies):	
Lead Organization website:	
Note: Activities required by a draft or final NPDES permit such as CAFO's or MS-4s are not eligible for funding.	Amount of Funding Requested: \$ _____

EMAIL your application (without attachments) to Julie Kollar at: juliekwren@verizon.net no later than 4:00 pm March 21, 2014.
Hard Copy sets of Application must be postmarked by 4:00 p.m. on March 21, 2014 to the following address:
League of Women Voters of Pennsylvania Citizen Education Fund Attention: WREN Watershed Ed Grant Application, 226 Forster St, Harrisburg, PA 17102-3220. Faxes are not acceptable. For submittal questions call (800) 692-7281.

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

Lead Organization:

Project Name:

Project Leader:

Organization with fiscal responsibility:

Project Title:

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	\$	\$	\$	\$
Website	\$	\$	\$	\$
Workshops/Meetings	\$	\$	\$	\$
Administrative Personnel	\$	\$	\$	\$
Program Outreach Personnel**	\$	\$	\$	\$
**List Organization/Individuals to receive funds:				
Professional Services**	\$	\$	\$	\$
Educational Equipment or materials (list below)	\$	\$	\$	\$
	\$	\$	\$	\$
Other Items (list below)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Volunteer Labor provided as In-Kind Contribution: Current rate found at: http://www.independentsector.org/volunteer_time?s=volunteer%20value%20of%20time#sthash.oI0CPf6F.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 _____

July 1, 2014 - June 30, 2015
WREN Grant Partner Form

Project Name:

Project Leader:

PARTNERING ORGANIZATION

Partner:

Check if Municipal Partner

Address:

City, State, Zip

Describe the 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 after Budget Sheet