

# NJ Watershed Watch Network Grants Program Application 2024

Click to submit your application form by June 23, 2024

### **PAGE 1: APPLICANT INFORMATION**

# **Primary Applicant**

Organization Name: Organization Website:

# **Type of Organization**

Select: 501(c)(3) nonprofit, Academia, Municipal/local government, Other (describe)

# **Organization Mailing Address**

Street Address 1: Street Address 2:

City: State: Zip Code:

# **Project Manager Contact Information**

Name: Title: Email:

# **List Other Project Partners**

- 1. Organization Name and Project Role
- 1. Contact Name and Email
- 2. Organization Name and Project Role
- 2. Contact Name and Email
- 3. Organization Name and Project Role
- 3. Contact Name and Email

# List HUC-14 Subwatersheds Covered by this Project: Does your project fill a data gap in the 2022 NJDEP Integrated Report? Please describe. Does your project occur in a HUC-14 subwatershed with insufficient data according to the 2022 NJDEP Integrated Report? The parameters monitored in the project must address the corresponding area of insufficient data. (For example, a bioassessment project would fill insufficient data for the aquatic life use, but not for recreation. A bacteria monitoring project would fill insufficient data for recreation, but not for aquatic life use.) List Overburdened Communities Covered by this Project: Does your project take place in an Overburdened Community as defined by NJ's Environmental Justice Law? If so, please describe. Click here to view EJMAP. PAGE 3: PROJECT BUDGET AND FUNDING Total Grant Amount Requested: \$

# How will grant funds be used if awarded?

Total amount requested should be between \$2,500-\$10,000

**PAGE 2: PROJECT INFORMATION** 

**Project Title:** 

Grant Period Begins: Grant Period Ends:

Total Project Budget: \$

Other Project Funding:

(1,000 characters max)

**Project Location:** 

Provide the budget subtotal and a brief description of how grant funds will be used in the following categories. Please make sure the subtotals below add up to the total grant amount requested.

List other funding sources with their total amount, and whether funds are secured or pending

How could this project be scaled back if full funding is not awarded?

\*Funds cannot be used to pay for NJDEP fees, including lab certification through the Office of Quality Assurance.

Budget Category	Subtotal (\$)	Description
Staff		
Supplies and Equipment		
Travel		
Subcontracted Services		
Other		

#### **PAGE 4: PROJECT DESCRIPTION**

# **Project Abstract**:

Describe your monitoring project, including primary objectives, type and frequency of monitoring, monitoring parameters targeted, who will conduct monitoring activities, and intended use of data (5,000 characters max)

# **Quality Assurance Project Plan (QAPP) Status**

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- ☐ We'll develop a QAPP for this project if funding is awarded
- Our project has a draft QAPP
- □ Our project has a completed QAPP
- ☐ We'll need assistance developing a QAPP

# **Measuring Project Success:**

How will you know that you have completed the project successfully? Briefly describe the proposed outcomes this project is intended to achieve and how/when you will measure that you have achieved your goals (2,500 characters max)

#### **Project Readiness:**

What do you still need to do before you can begin this project? (2,500 characters max)

#### **Project Implementation Ability:**

Make a case for your organization's ability to implement this project, referring to your specific expertise or perspective (2,500 characters max)

# **Supplemental Information:**

Optional: Provide any other information you think would be relevant to the grant review committee (2,500 characters max)

#### Attachments:

Optional: Include relevant supplemental documents, including draft or approved QAPPs, study designs, and letters of support (10 attachments max, 10 mb max per attachment)