

Attachment A
Cover Sheet for Full Applications

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS
OFFICE OF COASTAL ZONE MANAGEMENT
BUZZARDS BAY NATIONAL ESTUARY PROGRAM

Southern New England Coastal Watershed Restoration Program
Nutrient Management Grants

ENV 14 CZM 10

Instructions: Please complete and submit this Cover Sheet with your full proposal. Please be sure to include ALL required documents as described in the Bid. Your response may be mailed to: Sarah Williams, Regional Planner, Buzzards Bay NEP, 2870 Cranberry Highway, East Wareham, MA 02538. Application must be received by 4:00 p.m. on Monday, July 21. Postmarks are not sufficient for acceptance. The Buzzards Bay NEP does not accept submissions via facsimile and/or electronic mail. Full proposals must be accompanied by letters from partners (including property owner if not the applicant) stating their role or contribution to the effort. An original and seven copies (eight total) of full proposals are required.

Proposal Title: _____

Organization/agency to administer grant: _____

Partner organizations or agencies (letters required): _____

Proposal contact: _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Project manager (if different): _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Location of Proposed Work (including watershed): _____

Amount requested: _____ Total Match: _____
(Match must be 25% OR GREATER of requested funds)

Amount Requested + Total Match = _____

Attachment A continued

Disclosure of concurrent or complimentary grant funding requests

(This section must be accurately completed or the proposal will be disqualified as non-responsive. Non-federal sources of funds from other granting entities can be used to meet BBNEP match requirements if used for tasks not funded by the BBNEP)

Have you requested funding for this project from another granting agency or organization?

No

Yes

If yes, check the appropriate boxes below and provide any needed explanations.

Name of granting agency and requested amount: _____

If we receive funding from the other entity, we will withdraw our request for funding from the BBNEP under this solicitation.

Our request for funding is conditional upon receipt of other grant funds. If we do not receive complimentary funding from the other granting agency, our project will not be viable, and we will withdraw our funding request.

Our request for funding to the other entity is to cover tasks not proposed for funding by the BBNEP.

Other:

Explanations, if any: