



**Memphremagog (Basin 17) Clean Water Service Provider
Water Quality Restoration Formula Grant Application
Project ID/Assessment and Development**

Please review the Call For Proposals before submitting an application. Submit this form to Rebecca Williams, Interim Clean Water Program Manager, at r.williams@vhcb.org along with other required documents.

APPLICATION OVERVIEW

The Vermont Housing & Conservation Board (VHCB), the CWSP for the Memphremagog Basin, is issuing this Project Development Application for non-regulatory phosphorus removal projects within the Basin. Please refer to the Call for Clean Water Project Proposals document for more information on project/applicant eligibility and the project evaluation process. For more information about VHCB in its role as the Memphremagog CWSP see: [Memphremagog \(Basin 17\) Clean Water Service Provider](#).

APPLICANT INFORMATION

Organization/Municipality Name:

Mailing Address (include Town, State, Zip Code):

Name and Title of Point of Contact:

Phone Number:

Email Address:

Please indicate if you are a:

- Non-Profit organization, Conservation District, regional planning commission, or municipality
- Municipality with project on municipal land
- Other:



DEC PROJECT ELIGIBILITY SCREENING (from Appendix A of the CWIP Funding Policy)

Eligibility Criteria #2: Does the project meet the required criteria in the CWIP Funding Policy and Appendix B table:

Eligibility Criteria #3: If the project requires a WPD number, please list the WPD Project Name and number below:

Eligibility Criteria #6: Does the project include ineligible expenses?

Eligibility Criteria # 8: Funding Program-Specific Eligibilities

Funding Program Specific Eligibility. Project meets additional funding program eligibility requirements.

PROJECT INFORMATION

Project Title:

**(please include the same title as in the WPD, if applicable)*

Project Type (see [Appendix B Project Types](#) Table of the FY23 CWIP Funding Policy):

Project Phase (may check more than one box if applicable):

Identification/Assessment*

Project Development

General Scoping

Specific Project Development

**For eligible ID/Assessment project types, please refer to Appendix B*



If the proposed project is a continuation of a prior project funded by Vermont Clean Water Funds, please provide the grants source, Watershed Project Database Numbers, and date of completion for phases completed or currently underway:

Does the project address or treat a water quality priority identified in the Memphremagog Basin 17 Tactical Basin Plan or another assessment, such as a Stormwater Master Plan, Lake Watershed Action Plan, or current monitoring or assessment data?

- Yes
- No

If yes, please indicate relevant plan and brief explanation of how this project supports the priorities in the plan:

Project Location including towns(s), subwatershed(s), address if possible:

Project GPS Coordinates (e.g. 44.26278, -72.58054):

PROJECT ELIGIBILITY

Is the portion of the project that you are seeking funding for considered non-regulatory?

- Yes
- No
- Non-regulatory portion of larger regulatory project.

If no, your project is likely not eligible for CWSP funding, please contact VHCB staff for clarification if needed. If you are applying for funding for the non-regulatory portion of a larger regulatory project, please indicated in the box above, but provide clarifying details here:

Does your project type meet the applicable definitions and minimum standards as provided in the [CWIP Funding Policy](#)?

- Yes
- No



Is the proposed project on agricultural land?

Yes

No

If yes, please either indicate below if this is a non-jurisdictional farm or provide supporting documentation from the Vermont Agency of Agriculture, Food, and Markets (VAAFAM) that this project is eligible for CWSP funding as an attachment to this application:

PROJECT COSTS

CWSP Project Funding Request (see budget attachment): \$

Total leveraged/matching funds and source (if applicable): \$

Total Budget(including leverage): \$

PROJECT BACKGROUND

Please provide background information related to the proposed project and project need:



PROJECT DESCRIPTION

PROJECT OVERVIEW and SCOPE OF WORK – include a clear and detailed description of the project, including scope, alternatives to be evaluated, and steps taken to develop or identify the project

PROJECT TIMELINE

Please provide a timeline, broken down by Task or Milestone (as identified in [Appendix B: Project Types Table of the CWIP Funding Policy](#)). If application is only for preliminary phase(s) or designs, please also include an estimated date of completion for final implementation of project:

EXPECTED OUTCOMES

Please provide a summary of the expected outcomes of the project, including how it will help meet the Memphremagog TMDL:

OTHER CONSIDERATIONS

LEVEL OF CERTAINTY/RISK – *Please describe the level of uncertainty of any element of your project and/or budget. Note status of securing site access from landowner (if applicable):*

BARRIERS – *Please describe any potential barriers to completing this project and how you plan to manage those challenges:*

PROJECT BUDGET SUMMARY			
Expense/Item	Grant Request	Leverage /Match Funds	TOTAL
APPLICANT			
Project Management/Completion: staff expenses including salary and fringe benefits: be sure to budget for needed staff time for deliverables preparation and reporting tasks			
Volunteers or ad hoc employees			
Mileage Charges (use Federal 2024 rate of 67 cents/mile)			
Supplies / Materials not purchased by contractors			
Equipment Rentals or Equipment Use charges			
SUBCONTRACTORS			
Project Identification/Assessment /Development efforts			
Other eligible costs (see 2023 CWIP Funding Policy)			
<i>Project Completion</i> SUBTOTAL			
Indirect**: If you have a negotiated indirect rate, you typically charge, please use that. Otherwise, you may charge up to 10% on the first \$50,000 of contractual costs and up to 10% on all other eligible expenses (project management, mileage, etc)			
<i>Project Completion</i> TOTAL (<i>Project Completion</i> SUBTOTAL + Indirect + 10% Contingency)			

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Procurement of subcontractors:

Applicants are encouraged to competitively procure consultation/engineering/design services prior to submitting a grant application so that their budget request is as accurate as possible. Please attach any winning quotes/cost proposals for any services used in your budget above if applicable.

Budget Narrative:

Please include a more detailed description of each budget category, including a breakdown of the project management staff expenses (salary plus fringe). Please indicate the source of any of the leverage/match you are providing.

ADDITIONAL INFORMATION (optional)

Use this space to provide additional information that would be beneficial to application reviewers:

APPLICATION ATTACHMENTS & SUBMISSION

To apply, please email this completed application, together with the **following documents, within three weeks of the next BWQC meeting date** to r.williams@vhcb.org

1. Map of Project Area, including extent and location of project components
2. Indication of landowner support/awareness of required commitment (if applicable)
3. Copy of bids/quotes, if available
4. Supporting budget documentation
5. Three or more photos of proposed project, if developing specific project
6. Any other relevant documents