

Nebraska Department of Environmental Quality

Nonpoint Source Pollution Management Project 2012 Proposal Application

Specific Instructions and Application Forms

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The following information and formatting is required for all proposals. Failure to use the following forms in the prescribed formats and to furnish the information requested may disqualify the proposal. If these requirements cannot be addressed with existing information, a plan and schedule describing how the requirements will be met in the early phases of the project must be included.

- The proposal application MUST be submitted on these forms.
- Item #6, Budget Summary, is an estimated range and will be finalized at a later time.
- Item # 9, the *brief* project overview, should not be longer than the space provided.
- The *Guidelines and Procedures for Completing the NPS Proposal Application* may offer additional information for completing these forms.
- Complete the Proposal Application Forms in their entirety including a DUNS number.
- Submit the completed form by e-mail in Adobe PDF (.pdf) format to: ndeq.nonpointsource@nebraska.gov **no later than 4:00 p.m., Central time, Tuesday, September 4, 2012.**
- A confirmation e-mail will be sent after NDEQ receives the proposal. Please contact Linda Rohn at (402) 471-3098 if you do not receive a confirmation e-mail after submitting a proposal.

2012 NPS PROPOSAL APPLICATION FORMS

1. Project Title: _____

2. Sponsor Contact Information	
Organization	
DUNS #	
Street Address	
City	
State Zip	
Primary Contact	
Phone Number	
E-mail Address	

3. Partners		
Organization	Contact Name	Phone Number

4. Project Location (closest city):	
5. Project Period (month/year) : Start Date	End Date

6. Budget Summary	
Source	Dollar Amount
319 Funds	\$
Non-Federal Funds	\$
Other Federal Funds	\$
Total	\$

7. Project Type	
<input type="checkbox"/> Watershed	<input type="checkbox"/> Local Outreach
<input type="checkbox"/> Waterbody	<input type="checkbox"/> Statewide Outreach
<input type="checkbox"/> Groundwater Area	

8. Has the sponsor received any previous Section 319 Grants? YES NO

9. In **the space below** provide a brief overview of the project for which you seek funding. Fit this overview within the box below. If you are asking for 319 Funds for only a portion of the overall project, indicate the components for which you seek funding.

10. Budget

Project Title:

BUDGET CATEGORY	SOURCE of FUNDS			TOTAL
	Section 319 Funds	Other Federal Funds ¹	Non-Federal Funds ²	
Personnel				
Material & Supplies				
Travel				
Equipment				
Contractual				
TOTALS	\$	\$	\$	\$

1. Sources of Other Federal Funding

Name	Amount \$

2. Sources of Non-Federal Funding

Name	Amount \$

**11. Project Description (Use either Format 1 or 2 depending on your project type)
(Please attach your description to the Proposal Application Forms)**

In five pages or less, provide a discussion of your project. Be sure to cover the points specified in the instructions.

12. Project Map

One page, single-sided, map of project area.

E-mail: NDEQ.nonpointsource@nebraska.gov

Subaward Certification

Federal Funding Accountability and Transparency Act

1. Grant Name/Number: _____
2. Amount of Proposed Sub-Award: _____
3. Name of Sub-recipient: _____
4. Agreement Number: _____

To be completed by Sub-Recipient:

5. Data Universal Numbering System (DUNS) Number: _____
6. Did your organization receive 80% or more of its annual gross revenues from Federal Awards or in Federal contracts preceding the fiscal year?

 Yes No
7. If you answered yes to the previous question, did your organization receive \$25,000,000 or more in annual gross revenues from Federal Awards or in Federal contracts the preceding fiscal year?

 Yes No
8. If you answered yes to questions **5 and 6**, is information regarding compensation of top five executives publicly available?

 Yes No
9. Are you owned by another entity?

 Yes No
10. If yes, what is the DUNS number of the parent entity? _____

11. Location information

Address of Subawardee:

City _____

State _____

Congressional District _____

County _____

Zip Code + 4 digits _____

12. Primary Location of Performance Under the Award

City _____

State _____

Congressional District _____

County _____

Zip Code + 4 digits _____

13. Are you Suspended or Debarred from participating in government contracts, subcontracts, loans, grants and other assistance programs?

Yes

No

Signature of Authorized Official

Date