

Choctawhatchee, Pea and Yellow Rivers Watershed Management Authority (CPYRWMA)

400 Pell Ave., Collegeview Bldg., Troy, AL 36082 (334) 670-3780 – choctaw@troy.edu

(Please complete as applicable to your project)

WATERSHED MANAGEMENT PROJECT PROPOSAL FORM

1. Name and address of co-sponsoring organization requesting funding:
2. Telephone number and email address of co-sponsoring organization:
3. Title of Project:
4. Is this proposed project within the watershed boundaries?
5. Description of problem and name of water body impacted by problem:
(Please submit "before" photos with project application when applicable. "After" photos are required to accompany Final Report.)
6. How does this project relate to Water Quality, Water Quantity, Flood Control or Education?
7. Describe proposed work and benefits expected:
8. Minimum length of time project will be maintained: _____
9. Total project cost: \$ _____

10. Amount of funding requested from CPYRWMA: \$_____

11. Please list names of other funding sources, amounts contributed and list any in-kind services contributed:

12. JOINT SPONSORSHIP

It is agreed that joint sponsorship with the CPYRWMA will be acknowledged on any posted signs at the project site, and the CPYRWMA will be acknowledged in any informational literature pertaining to said project. Copies of all news articles and documentation of any other type of publicity will be required to be submitted to the CPYRWMA with the Final Report.

If this project is approved for funding by the CPYRWMA, any changes or variations to the original project as described in the "Watershed Management Project Proposal Form" will require justification by the Co-Sponsor to the Board of Directors of the CPYRWMA and approval by said Board. Any change that results in a reduction of the project final product may result in an appropriate reduced funding amount to be provided by the CPYRWMA. Any variation made to the project which will result in an additional benefit and which will require an increase in the original funding amount, must have prior approval by the Board of Directors of the CPYRWMA and will be based upon availability of funds.

CERTIFICATION

I/we do hereby certify that all supporting matching funds and/or in-kind services are available to complete the herein described project.

(Name of Co-sponsoring organization)
Federal ID number: _____

(Signature of official of co-sponsoring organization)

(Title of official)

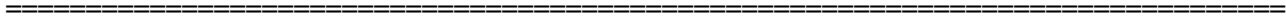
Date: _____

Who will be the “contact person” between your organization and the CPYRWMA?

(Name)

(Address)

(Telephone Number)



13. SIGNATURE(S) OF BOARD MEMBER(S)

Name

County

Name

County

(Please call our office for contact information of Board members in your county.)

