|  |  |
| --- | --- |
| ***1. Project Title*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***2a. Primary Contact or Project Manager1*** | | | | | |
| Name |  | | | | |
| Title |  | | | | |
| Organization Name |  | | | | |
| Organization Tax ID Number |  | | | | |
| E-mail address |  | | | | |
| Mailing Address |  | | | | |
| City |  | State |  | Zip |  |
| Telephone |  | Fax Number | |  | |

**1***A paragraph or Statement of Qualifications must be provided in Section 4 of the application form to confirm that anyone designing, installing, or monitoring the proposed project is qualified to do so.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2b. Execution Address (where contract will be mailed for signature) | | | | | |
| Name |  | | | | |
| Title |  | | | | |
| Organization Name |  | | | | |
| E-mail Address |  | | | | |
| Mailing Address |  | | | | |
| City |  | State |  | Zip |  |
| Telephone |  | Fax Number | |  | |
| Federal Tax ID Number |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2c. Payment Address (where invoice payments will be mailed) | | | | | |
| Name |  | | | | |
| Title |  | | | | |
| Organization Name |  | | | | |
| E-mail Address |  | | | | |
| Mailing Address |  | | | | |
| City |  | State |  | Zip |  |
| Telephone |  | Fax Number | |  | |

|  |
| --- |
| ***3. Project Description*** *(provide a short summary of the project)* |
|  |

|  |
| --- |
| ***4. Statement of qualifications*** *(provide a brief explanation of your organization’s qualifications to complete the project)* |
|  |
|
|
|
|
|
|

|  |  |  |  |
| --- | --- | --- | --- |
| ***5. Project Start Date*** |  | ***Project End Date*** |  |

|  |  |
| --- | --- |
| **6. Project Location: Important to submit as completely as possible, especially the Lat/Long coordinates. Only projects which take place within or primarily impact areas in APNEP’s management boundary will be considered for funding.** | |
| Project Location |  |
| River Basin(s) |  |
| Position coordinates of project location | Latitude                  Longitude |

|  |
| --- |
| **7. List which CCMP Actions (listed in the Request for Proposals) will be addressed and how the proposed activity will address them:** |
|  |

|  |
| --- |
| **8. Brief explanation of linkage to APNEP priority areas (1) water quality, (2) submerged aquatic vegetation, (3) coastal habitats, (4) increasing resiliency:** |
|  |

|  |
| --- |
| ***9. List activities that will be used to monitor or indicate the success of the proposed activity/project by listing one or more output and/or outcome metrics that will be measured, documented, and reported after project completion, as well as the expected target for each metric. Please also include a short explanation for how each listed metric assists in measurement of a CCMP Action being implemented by the project. Please see the proposal guidelines RFP*** [***output/outcome example document***](https://apnep.nc.gov/documents/engagement-outputsoutcomes-guidance) ***for details.*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. Description of funds (Combined APNEP and leveraged funds; [click here for an example budget on our website](https://apnep.nc.gov/documents/files/apnep-fy2024-engagement-stewardship-rfp-budget-example).) | | | | |
| Description of Service | APNEP | Contract Applicant  (Cash, In-Kind, Other)  (e.g. In-kind - staff assistance 5hrs/wk\*$13/hr\*10wks=$650) | Other Contributions  (Organization, Cash, In-Kind, Other)  (e.g. NC DMF - In-kind – staff assistance 5hrs/wk\*$13/hr\*10wks=$650) | Total |
| Personnel/Salary |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Project Supplies |  |  |  |  |
| Equipment |  |  |  |  |
| Transportation/Travel |  |  |  |  |
| Sub-contract Services |  |  |  |  |
| Other Direct Costs |  |  |  |  |
| Total Direct Cost |  |  |  |  |
| \*Indirect Cost (F&A) (not to exceed 10%)  (e.g., 10% of the total direct costs $10,000 = $1,000) |  |  |  |  |
| Total Cost |  |  |  |  |

|  |
| --- |
| ***11. Describe leveraging of funds from project partners*** *(Optional)****:*** |
| \*Check with Heather Jennings for more information at 919-707-8632 |

|  |  |  |  |
| --- | --- | --- | --- |
| 12. Project Partners (may add more if needed) | | | |
| Agency Name |  | | |
| Agency Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |
| Agency Name |  | | |
| Agency Address |  | | |
| Role/contribution to Project |  | | |
| Contact Person |  | Phone No. |  |
| E-mail address |  | | |

|  |
| --- |
| ***13. Project Milestone Schedule*** |

|  |  |
| --- | --- |
| **Time Period / Date** | **Activities (List specific outputs or activities that will be achieved during each quarter.)** |
| First Quarter |  |
| Second Quarter |  |
| Third Quarter |  |
| Fourth Quarter |  |

***Note:*** *All projects must submit a detailed Final Project Report that is due by the end of the contract for APNEP review and approval. Supplemental information should include (when relevant) a file containing data collected during the project, GIS Data, brochures, outreach tools, photographs or videos taken during the project, and a summary of survey results.*

|  |
| --- |
| ***14. References and Literature Cited (if applicable)*** |
|  |