



Source Water Protection Mini-grant Application

Please read the grant instructions and guidelines before completing this application.

Project Title:

Organization Name:

Type of Organization:

- Educational Institution
- Nonprofit
- Community Group
- Other (please describe):

Mailing Address:

County (Select any and all that apply):

- Hillsborough
- Pasco
- Pinellas

Project Manager/Contact Name:

Mailing Address (if different than above):

Phone Number:

Email Address:

SAMPLE

Project Co-sponsors (if applicable):

Projected Project Start Date:

Projected Project End Date:

PROJECT COST

Total Amount of Funding (from \$2,000 to \$10,000 rounded to the nearest \$100):

Will there be any other sources of funding that will help pay for this project?

Name of Organization(s) and Funding Amount(s):

PROJECT DESCRIPTION

Provide a description of the proposed project.

Describe the location(s) and the criteria for selecting it.

Describe the project's objectives and how they relate to protecting source water for the Tampa Bay region's drinking water supplies.

List and explain how the project's tactics/activities/actions will be executed and the methods used to achieve them.

PUBLIC OUTREACH AND COMMUNITY IMPACT

Describe how the project will include public outreach and education.

Describe how the project will impact the community (who/how many/what/where).

Does the project include opportunities for Tampa Bay Water staff and board members to be involved? If so, how?

PROJECT MANAGEMENT AND EVALUATION

Provide a proposed schedule for the implementation of major milestones or activities.

Describe the evaluation procedures that will be used to assess and measure the project's outcomes.

Demonstrate the project manager's and/or the organization's qualifications in terms of grant management and project administration, including past grant experience.

If applicable, describe relevant projects that your organization has completed in the past.

PROJECT SUSTAINABILITY

Will the proposed project continue once the requested grant money is exhausted?

Are there any costs or resources needed to maintain the project? If yes, please estimate the annual amount and describe how you intend to cover those costs.

List all third-party organizations, groups or partners who will participate in the project, identifying roles and responsibilities. If the entity applying for the grant is different from but part of a larger organization, please describe the relationship and roles. A letter of commitment is required from all participating partners.