

CWC Watershed Education Grant Application
Round 17 (2014)

COVER PAGE

Amt. requested _____

App. # _____

Please type all information below this line.
Handwritten applications will not be accepted.

Name of Applicant Organization/School: _____ TaxID# _____

- 1) Are you requesting funds for one or more stand-alone Special Options? If so, select program(s) from list below:
- 2) Are you requesting funds for an Original Project that includes a Special Option? If so, select from list below and give it a name:

Special Option(s) requested

Arm of the Sea Theater "City That Drinks the Mountain Sky"	Streamwatch
Catskill Mountain Music	Trout in the Classroom
<input type="checkbox"/> Groovin' in the Garden <input type="checkbox"/> Twist & Trout <input type="checkbox"/> Tales and Tunes	Ashokan Center visit
Water Quality Model	Frost Valley visit
<input type="checkbox"/> Fruitvale <input type="checkbox"/> Enviroscope <input type="checkbox"/> Water/Wastewater	

- 3) Are you requesting funds for an Original Project that *does not include* a Special Option above? If so, give your project a name:

Project Director/Contact Person _____

School/Organization Address _____

City _____ State _____ Zip _____ County _____

Telephone # _____ Fax # _____ Email _____

Name, Head Administrator of Applicant Organization _____

Signature, Head Administrator _____

Name, Coordinating Teacher (School applicants only) _____

Signature, Coordinating Teacher _____

Amount requested _____ **Audience:** Grade _____ WOH? _____ NYC? _____ # Affected: Direct _____ Indirect _____

Have you applied for/received a CWC Education Grant in the past? Applied _____ Received _____

What Watershed/Environmental Education professional development programs have you attended in the past 2 years?

Name(s) of Collaborating organization(s), if any _____

Estimated Dates for Starting and Completing the Project: _____

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PROJECT SUMMARY

Amt. requested _____

App. # _____

Please type all information below this line in **10pt Times New Roman**.

Applicant Organization: _____

Project Title or Special Option: _____

- IF you are requesting \$2,000 or less, confine your project description to the Summary Page.
- IF you are requesting more than \$2,000 provide a thorough Summary on this page, and 1 to 4 additional pages of Project Description.
- IF you checked Box #1 on the Cover Page and are requesting more than \$5,000, provide a Summary on this page, and an additional page of Project Description.

Consult applicant guidelines and instructions for explanation of what to include on this Summary Page.

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BUDGET

Name of School/Organization:				
Project Name:				
	CWC Funds	Other Funds	In Kind Contributions	Total
PERSONNEL (Staff, consultants)				
Fringe benefits (max. 25% of Salary)				
Sub-Total Personnel				
EQUIPMENT (items costing \$500+)				
List on separate sheet				
Sub-Total Equipment				
SUPPLIES (items costing under \$500)				
List on a separate sheet				
Sub-Total of Supplies				
SERVICES/COMMUNICATIONS				
Copying and Printing				
Technical/Artistic Services				
Other (specify)				
Sub-Total of Services/Communications				
TRAVEL (estimated)				
Mileage at \$.565 per mile				
Public Transportation				
Bus/Van Rental				
Sub-Total Travel				
SPECIAL PROGRAM OPTION(S)*				
Sub-Total Special Program Options				
GRANT ADMINISTRATION				
Total Project Budget (add Sub-Totals)				
Catskill Watershed Corp. Request				

* Consult Special Option Descriptions for pricing. Remember to add bus or van costs under Travel if needed for trout release or EE Center visit (WOH travel only)