



Protect the Source 2009

The Aquifer Preservation Subdistrict of The Miami Conservancy District's Source Water Protection Grant Program

Application Form

Section1: Project Overview

A. Applicant name: _____ Date: _____

B. Project Officials:

Chief Executive Officer: _____ Signature: _____

Title:

Street Address:

City/Zip code:

Phone:

Fax:

Email:

Project Manager:

Title:

Street Address:

City/Zip code:

Phone:

Fax:

Email:

Chief Financial Officer:

Title:

Street Address:

City/Zip code:

Phone:

Fax:

Email:

Section 2: Detailed Project Budget: Please round to the nearest dollar

Category	SWAP FUNDS	Local Share	TOTAL
Equipment			
Supplies			
Contractual			
Other			
TOTAL			

Section 3: Project Information

A. Project location: Please describe the location including county name, jurisdiction name, and latitude and longitude of project location(s). Detailed aerial photos and maps that show project location are required.

B. Project Description: Please write a short narrative (no longer than 1 page) of the project and how it will contribute to the preservation and restoration of the Buried Valley Aquifer. What are the project's major goals? How will you measure success?

If this project is Tier 1: then copies of the section of the **Ohio EPA-endorsed Source Water Protection Plan, or Comprehensive Plan, or Ohio DNR-endorsed Watershed Action Plan** in which the project is referenced must be attached.

C. Workplan:

Action Item	Measurement of Success	Date Started	Date Completed

D. Ownership/Management/Operation:

Please describe who will manage this project during installation. How long will the project be in place? Who will manage it after it is completed? How will you be assured the project stays in place over time?