Michigan Department of Environmental Quality
Water Resources Division

Harmful Algal Bloom Technology Development Grant Application Cover Sheet

(Authorized by 1994 P.A. 451).

Project Name:
_____

Project Location:
_____

Organization Name:
_____

Organization Federal ID#:
_____

Contact Person:
_____, _____
(name) (title)

Contact Person's Phone: ____-____-____

Contact Person's E-Mail:
_____

Organization Address:
_____
(Street name and #)
_____
(City, zip code)

Duration of Project: Years:____ Months: _____ Preferred start date: ____/____
Month/year

Grant Amt. Requested: $_____ + Match: $_____ = Project Total: $_____

Person w/ Grant Acceptance Authority: _____, _____
(name) (title)

Contact Signature: _____