



WATERWAYS GRANT PROGRAM APPLICATION

This information is required by Authority of Part 781 of the Natural Resources and Environmental Protection Act 1994 PA 451.

Grant applications must be emailed to program manager Paul Petersen at PetersenP@michigan.gov by 5 p.m. est. on April 1st.

Applicant Name (Local Government)		Name of Contact Person/Title	
Address		Address	
City, State, ZIP		City, State, ZIP	
Federal Employer Identification Number (FEIN) (REQUIRED)		E-mail Address	
NOTE: FEIN Number of municipality identified as Applicant Name (<i>Local Government</i>) above MUST be provided to receive grant funds.			
Applicant Telephone	Applicant FAX	Contact Person Telephone	Contact Person FAX
PROJECT LOCATION <input type="checkbox"/> County <input type="checkbox"/> Township <input type="checkbox"/> City <input type="checkbox"/> Village		County	State Senate District State House of Representative District
TYPE OF PROJECT <input type="checkbox"/> Harbor <input type="checkbox"/> Boating Access Site (must contain or propose a ramp, maneuver area, and parking to be grant eligible)		TYPE OF GRANT <input type="checkbox"/> Preliminary Engineering Study <input type="checkbox"/> Infrastructure Improvements* (i.e., construction projects) <small>*Preliminary engineering has been completed by a licensed design professional</small>	
PROJECT TITLE			
DESCRIPTION OF PROJECT			
Attach a description of the overall project (including scope items, estimated costs, estimated construction schedule, and digital site photos) and a needs assessment.			
Note, for harbor projects, attach the last 3 years of harbor traffic (harbor logs), and last 3 years of harbor financial summaries. In addition, you must provide a 5 Year Harbor Recreation Plan to the Natural Resources Trust Fund.			
BUDGET SUMMARY			
A. Estimated Project Cost (B + C):		\$ _____	
B. Requested Grant Amount		\$ _____	
C. Applicant's Matching Funds:		\$ _____	
As Designated Representative of above-named Applicant, I hereby agree to implement this project according to the materials provided with this application and to abide by the provisions of the Waterways Grant program, including compliance with all applicable Federal and State laws and regulations.			
Printed Name and Title of Applicant's Designated Representative		Signature	Date

Application with attached Project Description must be emailed to program manager Paul Petersen at PetersenP@michigan.gov by 5 p.m. est. on April 1st.

FOR DNR USE ONLY		
<input type="checkbox"/> Facility Number.:	<input type="checkbox"/> Compliance Review	
Comments		
Program Manager (please print)	Signature	Date