



FOR DNR USE ONLY

Application Number

Date Received

2014 WILDLIFE HABITAT GRANT PROGRAM APPLICATION

This information is required by authority of Part 5 of Act 451, P.A. 1994 as amended, to receive funds.

The information requested in this application is important in the evaluation of your proposal. Incomplete documentation could result in the proposal being scored at a lower priority or removed from consideration. For additional information, refer to the document entitled **Wildlife Habitat Grant Program Handbook (IC1945)**.

PART I: GENERAL INFORMATION

1. APPLICANT INFORMATION:

Governmental Unit Profit/Nonprofit Organization Private Individual

Name of Applicant/Organization		Employer Identification No. or Social Security No.	
Authorized Representative's Name and Title (Person responsible or in charge of the grant. If a nonprofit organization or government agency, name of the person representing the organization).			
Address		Telephone ()	FAX ()
City, State, ZIP		Email	

NOTE: COPY OF DEED MUST BE ATTACHED.

2. PROPERTY OWNER INFORMATION: (If different than applicant) (add additional sheets as necessary for additional owners)

Name of Property Owner(s)		Telephone ()	
Address		FAX ()	
City, State, ZIP		Email	

NOTE: IF THIS SECTION IS COMPLETED, PLEASE ATTACH A CONSENT LETTER SIGNED BY PROPERTY OWNER(S) AND COPY OF DEED.

3. PROJECT TITLE: (Please limit to 25 characters and include water body and type of project).

4. BRIEF DESCRIPTION OF PROPOSAL: (Describe what will be accomplished)

5. PROJECT NARRATIVE: Attach completed project narrative. To complete project narrative please refer to scoring questions listed in the handbook. Please provide supporting documentation for each applicable question in the same numerical order as they appear in the handbook.

6. PROJECT LOCATION: (Provide the site location information requested below and attach a Project Location Map to enable inspection of the project site.) (For Latitude, Longitude, and TRS info anywhere in Michigan see www.mcgi.state.mi.us/wetlands/)

Project Address (road, if no street address)	ZIP	Municipality (Township/Village/City)	County
Property Tax Identification Number(s)	Latitude _____ N		Township/Range/Section (TRS) T _____ N or S; R _____ E or W; Section _____
	Longitude _____ W		

7. ESTIMATED PROJECT COST: (Amounts must match those listed in Part II, Item 1, Scope Items.)		
Total Project Cost (round to the nearest \$100) \$	Grant Amount Requested (round to the nearest \$100) \$	Local Match (round to the nearest \$100) \$

PART I: GENERAL INFORMATION (continued)

8. SOURCE OF LOCAL MATCH: Specify the amount of local match from each source. (Round to the nearest \$100)	
General Funds	\$
Cash Donations (must provide commitment letters)	\$
Value of Donated Material & Labor (must provide commitment letters)	\$
Other (please specify) (ie: force account labor, other grant awards, etc)	\$
TOTAL LOCAL MATCH (Must equal or exceed 10% of the Total Project Cost)	\$

9. COMMUNITY SUPPORT: Is there general local public support for this project?
 Yes No

PART II: ESTIMATED PROJECT COSTS AND SITE PLAN

1. SCOPE ITEMS: (Limit each item description to one line. Do not abbreviate. Use an additional sheet for more items, if necessary). IMPORTANT: COSTS MUST INCLUDE THE MEASURES NEEDED FOR ACCESSIBILITY AS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT OF 2010, AS AMENDED.	ESTIMATED COST (ROUND TO THE NEAREST \$100)
A.	\$
B.	\$
C.	\$
D.	\$
E.	\$
F.	\$
G.	\$
H.	\$
I.	\$
J.	\$
K.	\$
Subtotal	\$
Planning and Engineering (Not to exceed 15% of subtotal)	\$
TOTAL ESTIMATED PROJECT COST	\$

PART II: ESTIMATED PROJECT COSTS AND SITE PLAN (Continued)

2. ITEMIZED BUDGET: For each of the scope items listed, provide a detailed breakdown of the costs within each of the budget categories listed below, and indicate whether the costs will be covered by grant funds or local match. Please see the example budget in the Wildlife Habitat Grant Program (IC) for more information on completing this section.

BUDGET CATEGORY	Total Project Cost	
A. PERSONNEL COSTS:		
SALARIES		
(# of workers <input type="checkbox"/> rate per hour <input type="checkbox"/> total hours)		
_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
PERSONNEL COSTS SUBTOTAL	\$	
B. MATERIAL & EQUIPMENT: (List each piece of equipment and rate/hour and material and cost/quantity)		
Equipment Rate/Hour		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Qty Material Cost		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
MATERIAL & EQUIPMENT SUBTOTAL	\$	
C. CONTRACTUAL ITEMS: (LIST BY BID ITEM)		
CONTRACTUAL SUBTOTAL	\$	
D. OTHER:		
OTHER SUBTOTAL	\$	
TOTAL ESTIMATED PROJECT COST	\$	

3. SITE PLAN AND DRAWINGS: Attach a site plan which depicts all elements of the project scope, including existing habitat and major site landmarks.

PART III: WORK PLAN

To complete the Work Plan, list the work that you expect to complete during each quarter of the project. If your project is selected for funding, this schedule, along with the project budget, will be included as part of the Project Agreement.

If additional space is required, please copy this page and attach to application.

PROJECT PERIOD	WORK EXPECTED TO BE COMPLETED DURING PERIOD
FIRST QUARTER	
SECOND QUARTER	
THIRD QUARTER	
FOURTH QUARTER	

PART IV: NEED AND BENEFITS

Provide a description of the project as instructed below. Pertinent and factual information is important, since this part is a significant factor in the evaluation of the application. Attach an additional sheet, if necessary.

1. NEED: Briefly describe why the project is needed. List the problems to be solved or opportunities to be enhanced. Quantify, if possible.

2. BENEFITS: How does the project meet the Habitat Management Grant Program objectives and priorities? (see handbook)

PART V: CERTIFICATION

Must be completed by the individual officially designated to act on the applicant's or agency's behalf.

I certify that all statements on this application and the attachments hereto are true, complete and accurate to the best of my knowledge.

Print or Type Name

Title

Signature of Authorized Representative

Date

Attach with your completed application:

- **Application Narrative** – please see part 1/number 5 above for instructions.
- **Project Location Map** – to enable site inspection.
- **Landowner Consent, if needed** – provide copy of consent letter, easement or lease.
- **Site Plans and Drawings** – include a site plan for the project area and drawings
- **Site Photos** – digital images submitted on CDs or USB drives are preferred over paper photos.

Send two (2) copies of the completed application and the required attachments to:

**MICHIGAN DEPARTMENT OF NATURAL RESOURCES
GRANTS MANAGEMENT, WILDLIFE HABITAT GRANT PROGRAM
PO BOX 30425
LANSING, MI 48909-7925**

Applications must be postmarked by March 1, 2014 to be considered for funding.