OFFICE OF NATURAL RESOURCE RESTORATION
PAULINS KILL AND PEQUEST WATERSHEDS RESTORATION PROJECTS GRANT APPLICATION FORM

Complete and submit with all required attachments via email to onrrgrantspaulinskillpequest@dep.nj.gov or traditional post to:

Stacey MacEwan
NJDEP - Office of Natural Resource Restoration
Mail Code 501-04
P.O. Box 420
Trenton, NJ 08625-0420

Applicant: _____

Municipality:_____

County:_____

Project Name: _____

Location of Site:
Street Address_____
Block(s)_____ **Lot(s)** _____

Project Manager (Person having day to day responsibility for this application):

Name _____**Title** _____

Address _____

_____

Telephone ( )_____**extension** _____

Fax Number ( )_____

E-mail address _____

Total Estimated Cost of Project: $_____

Grant Request: $_____
Cost Share: In-Kind $_____ **Cash $**_____

Is the project site a current or former landfill site, known or suspected hazardous waste site, or adjacent to (or affected by) such sites?
☐ Yes ☐ No. If yes, explain: _____

Authorized Official: _____
Title: _____
(Local government official or Board member authorized to sign this application and the grant agreement on behalf of the applicant, e.g. Mayor, Business Administrator, Board Chair. This person must be identified by name as the authorized official in the Governing Body Resolution*)

Resolution Certifier: _____
Title: _____
(Person that will sign to certify that the Governing Body Resolution was passed (e.g. Municipal Clerk). This person cannot be the same as the authorized official named in the resolution.)

Chief Financial Officer: _____
Phone: _____ Email: _____
Address where checks are to be sent:
_____
_____

*** If you are unable to include an executed governing body resolution in the application, it will be required by the NJDEP in the Notice of Intent to Award and prior to signing the Grant Agreement.**

As the authorized official representative of the above-named municipality named in the attached Governing Body Resolution, I hereby certify that the information provided within this grant proposal application and this application form is complete and true.

_____ _____
Date **Signature of official authorized to submit application per attached Governing Body Resolution**

APPLICATION CHECKLIST

□ Project Overview (1 page maximum)

□ Work Plan (8 pages maximum, excluding location map)

□ Monitoring, Evaluation and Long-Term Maintenance (2 pages maximum)

□ Budget (5 pages maximum)

□ Grant Proposal Application Form

□ Governing Body Resolution (if available, will be required prior to signing grant agreement)

□ Project Partner Letters

□ Capacity Demonstration

□ Property Owner Approval