

**CWC Watershed Education Grant Program  
Application for 2018 -19 School Year**

COVER PAGE

Amt. requested \_\_\_\_\_

App. # \_\_\_\_\_

**For this application to become writable you MUST download and save this application to your computer**

This project is for \_\_\_\_\_ **Attach proof of non-profit status**

School/Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Are you requesting funds for one or more Special Option(s)? If so, select from list below (max2):

**Special Option(s): See Guidelines for descriptions/prices**

Arm of the Sea Theater "City That Drinks the Mountain Sky II"

Ashokan Center

Water Quality Model

Trout in the Classroom

Fruitvale  Enviroscope  Water/Wastewater

Frost Valley visit

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Project Director/Contact Person \_\_\_\_\_

Street Address/PO Box of School/Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Borough \_\_\_\_\_

Telephone # \_\_\_\_\_ Website \_\_\_\_\_ Email \_\_\_\_\_

Name of Head Administrator of Applicant Organization: \_\_\_\_\_  
(This person approves this application)

Name Coordinating Teacher (School applicants only): \_\_\_\_\_  
(This person agrees to implement proposed project)

Have you applied for/received a CWC Education Grant in the past?

What Watershed/Environmental Education professional development programs have you attended in the past 2 years?

Name(s) of Collaborating organization(s), if any (attach letters of agreement)

\_\_\_\_\_  
\_\_\_\_\_

Project date range \_\_\_\_\_ must not begin before Sept. 1, 2018

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**SUMMARY PAGE**

Amt. requested \_\_\_\_\_

App. # \_\_\_\_\_

School/Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Audience Info: Number of people affected      Directly:      Indirectly

Grade Level/Age range

- Student/Teacher applicants requesting \$2,000 or less must confine the project description to this page.
- Student/Teacher applicants requesting more than \$2,000 must provide a thorough Summary on this page, and attach 1 to 4 additional pages of Project Description.
- Adult/Public applicants must confine the project description to this page.

**ALL APPLICANTS MUST DESCRIBE A PLAN TO EVALUATE THE PROJECT'S IMPACT ON THE AUDIENCE**

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**BUDGET**

Name of School/Organization:				
Project Title:				
	CWC Grant Funds	Funds from other sources	In Kind Contributions	Total
<b>PERSONNEL (Staff, consultants)</b>				
Fringe benefits (max. 25% of Salary)				
<b>Sub-Total Personnel</b>				
<b>EQUIPMENT/SUPPLIES (list)</b>				
<b>Sub-Total Equipment/Supplies</b>				
<b>SERVICES (Technical, Artistic, Venue Rental)</b>				
<b>Sub-Total Services</b>				
<b>COMMUNICATIONS</b>				
Copying/Printing				
Promotion/Advertising				
Other (specify)				
<b>Sub-Total Communications</b>				
<b>TRAVEL (estimated)*</b>				
Mileage at \$.54 per mile				
Public Transportation				
Bus/Van Rental				
<b>Sub-Total Travel</b>				
<b>SPECIAL OPTION(S)**</b>				
<b>Sub-Total Special Option(s)</b>				
<b>GRANT ADMINISTRATION</b>				
<b>TOTAL PROJECT COST</b>				
<b>CWC GRANT REQUEST</b>				

\*Consult Applicant Guidelines BEFORE submitting for Travel funds

\*\*Consult Special Option Descriptions for pricing

TO SUBMIT THIS APPLICATION, attach it in an email to  
galusha@cwconline.org