

WORKFORCE DEVELOPMENT GRANT PROGRAM APPLICATION

Sponsored by the Catskill Watershed Corporation (CWC) in partnership with the NYC Department of Environmental Protection (DEP)

Note: Please refer to Instructions and Guidelines and Program Rules when completing this application.

Applicant Information

Full Name of Institution/Organization:	
Federal Tax ID number (EIN):	
Website:	
Not-for-Profit Status (must attach proof):	
Address:	
City:	
State/Province:	
ZIP/Postal Code:	
Primary Contact Person:	
Phone Number:	
Email Address:	

Grant Details

Project Name or Reference:	
Amount Requested:	
Project Period (Start and End Dates):	

Program or Project Logistics

Target Audience:	
Number of people who will directly benefit (i.e., participants):	
Location / Venue address:	

Collaborating Partner(s) (if applicable)

Full Name of Institution/Organization:	
Website:	
Not-for-Profit Status (must attach proof):	
Address:	
City:	
State/Province:	
ZIP/Postal Code:	
Letter of Agreement Attached to Application (Required):	Yes ☐

Full Name of Institution/Organization:	
Website:	
Not-for-Profit Status (must attach proof):	
Address:	
City:	
State/Province:	
ZIP/Postal Code:	
Letter of Agreement Attached to Application (Required):	Yes ☐

Check box below if more than two Collaborating Partners and Letters of Agreement are provided: Yes ☐ Total number of Collaborating Partners: _____

Program or Project Description Section

A. Goals and Outcomes (What do you want to do and why?)

Note: 2500 characters maximum

B. Methods and Activities (How will you carry out your program or project?)

Note: 2500 characters maximum

C. Evaluation Plan (How will you measure outcomes?)

Note: 2500 characters maximum

D. Documentation and Outreach (How will you document and/or share your outcomes?)

Note: 2500 characters maximum

Funding and Budget Section

For each expense category, list how much you are seeking from CWC, how much you propose to get from other funding sources, and an estimate of in-kind contributions.

Personnel

Note: 1200 characters maximum

Equipment / Supplies

Note: 1200 characters maximum

Services**Note: 1200 characters maximum****Communications****Note: 1200 characters maximum**

Travel**Note: 1200 characters maximum****List of Required Documents Attached**

Name of Document:	Applicable? (YES / NO)	Name of Attachment, including number of pages:
Budget Sheet (spreadsheet)	YES	
Proof of non-profit status		
Letter(s) of agreement from collaborating organization(s)		

List of Supplemental Material Attached

Name of Attachment:	Description of Attachment, including number of pages:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

8.	
9.	
10.	
Total Pages (10 maximum):	

Declaration and Signature

By signing below, I certify that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I warrant that I have the full legal authority to bind the applicant organization and its representatives to the terms and conditions outlined in this application and associated documents. I understand that any falsification, omission, or concealment of material fact may subject the applicant to administrative, civil, or criminal liability, and that any funds received may be summarily withdrawn.

Applicant Signature:	
Print Name:	
Job Title:	
Organization Name:	
Date (MM/DD/YYYY):	