

## **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)**

<b>Full Name of Institution/Organization:</b>	
<b>Website:</b>	
<b>Not-for-Profit Status (must attach proof):</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State/Province:</b>	
<b>ZIP/Postal Code:</b>	
<b>Memorandum of Agreement Attached to Application (Required) :</b>	Yes <input type="checkbox"/>

<b>Full Name of Institution/Organization:</b>	
<b>Website:</b>	
<b>Not-for-Profit Status (must attach proof):</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State/Province:</b>	
<b>ZIP/Postal Code:</b>	
<b>Memorandum of Agreement Attached to Application (Required):</b>	Yes <input type="checkbox"/>

Check box below if more than two Collaborating Partners and Memorandums 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

Empty text area for entering goals and outcomes.

**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: 800 characters maximum

**Equipment / Supplies**

Note: 800 characters maximum

**Services**

Note: 800 characters maximum

**Communications**

Note: 800 characters maximum

**Travel**

Note: 800 characters maximum

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**List of Required Documents Attached**

Name of Document:	Applicable? (YES / NO)	Name of Attachment, including number of pages:
Budget Sheet (CWC Template Req'd)	YES	
Proof of non-profit status		
Memorandum(s) of agreement from Collaborating Partner(s)		

**List of Supplemental Material Attached**

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

<b>8.</b>	
<b>9.</b>	
<b>10.</b>	
<b>Total Pages (10 maximum):</b>	

### **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.

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