



2025-2026  
MUSKINGUM WATERSHED CONSERVANCY DISTRICT  
"PARTNERS IN WATERSHED MANAGEMENT"  
PROJECT ASSISTANCE PROGRAM APPLICATION

PROJECT OR PROGRAM NAME: \_\_\_\_\_

CONTACT INFORMATION:

Agency or Group Name			
Address:		City:	
State:		Zip Code:	
Phone:		Fax:	
Primary Contact:		Title:	
Phone:		Email:	

Non-profits shall include a copy of their IRS Determination Letter confirming Section 501 status.

All applicants shall include a resolution of authorization from their governing body supporting the application and committing to any matching funds.

Attach additional sheets as necessary to any of the sections below.

**PROJECT OR PROGRAM DESCRIPTION** - Please provide a brief description of your project or program in the space below.


**MWCD MISSION** - Describe how your proposal promotes and supports the conservation and flood reduction aspects of the Mission of the Muskingum Watershed Conservancy District.


**NEEDS, BENEFITS, GOALS** - Why is the project needed? What are your goals and how will your success be measured? Who will be the primary benefactors?


**ALTERNATIVES** - Have you considered any alternative designs? What were they?


**SELF-SUSTAINING** - Once implemented, is the project self-sustaining? Will it continue to function in the future without the aid of the PWM program?


**PARTNERSHIPS** - Outline the role that partnering agencies or groups will play in the implementation of your project or program. Attach letters of collaboration.


**LOCAL SUPPORT** - List local organizations, individuals, or user groups that have indicated support for your proposal. Attach letters of support.


**EXPERIENCE** - Please list examples of similar projects your group has undertaken.


**PLANNING** - Briefly describe the planning process used to formulate your proposal.


**\*\*\*PROJECT/PROGRAM DESIGN** - Attach maps, photos, site plans, drawings, schematic designs, etc. sufficient to adequately illustrate the project. For educational programs, please include a narrative description of the program, target audience, marketing plans, program sites, etc. \*\*\*

**SCHEDULE:**

Project/Program will Begin:

Proposed Completion:

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Additional Project Information

**PROJECT/PROGRAM COST SUMMARY**

Eligible Costs	Partner Share in Cash	Partner Share in In-Kind Labor	Partner Share in In-Kind Materials	Other Funding Sources *see below	Amount Requested From MWCD	Total
Land Acquisition						
Labor						
Design and Engineering						
Special Service Contracts						
Equipment Rental						
Construction Contracts						
Materials and Supplies						
Local Match for other Grant						
Other						
Totals						

Total Funding Request from MWCD Project Assistance Program: \$ \_\_\_\_\_

Will these funds be applied over multiple calendar years? (circle one) YES NO

**\*List all other sources of funding for this project and please attach a copy of those agreements.**

1. Funding Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Copy of Agreement: \_\_\_\_\_
2. Funding Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Copy of Agreement: \_\_\_\_\_
3. Funding Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Copy of Agreement: \_\_\_\_\_
4. Funding Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Copy of Agreement: \_\_\_\_\_
5. Funding Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Copy of Agreement: \_\_\_\_\_

**A full written narrative, describing how you determined the budget shown above, is required.** Be sure to include cost/ benefit and /or return on investment analysis.

**APPLICATION CHECKLIST** - For your convenience; Please be sure that all items are checked off before submitting your application.

- Resolution of Authorization? \_\_\_\_\_
- IRS Determination Letter? \* \_\_\_\_\_
- Plans, drawings, etc.? \* \_\_\_\_\_
- Location map (floodplain delineated)?\* \_\_\_\_\_
- Budget narrative? \_\_\_\_\_
- Copies of Federal, state, local permits?\* \_\_\_\_\_
- Photos? \_\_\_\_\_
- Four copies? \_\_\_\_\_
- Electronic copy submitted? \_\_\_\_\_

\*if applicable

\_\_\_\_\_  
Printed Name of Person Completing Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit all Application Materials and Direct all Inquiries to:**

Lynn Gilland, Administrative Specialist  
Muskingum Watershed Conservancy District  
2050 Reiser Ave SE  
New Philadelphia, Ohio 44663  
Phone: (330) 556-4817  
Email: lgilland@mwcd.org

Further information may also be obtained from the PWM Grant Program page on the District website:

[www.mwcd.org](http://www.mwcd.org)

**Thank You for Your Interest and Commitment to Conservation in the Muskingum River Watershed!**

Please include the following contact information with your application:

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Name of Project

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Printed Name of CEO or Highest Ranking Official

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Title

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Phone Number

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Email

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Signature

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Date

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Printed Name of Project Lead

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Title

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Phone Number

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Email

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Signature

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Date