



**ENVIRONMENTAL MANAGEMENT SYSTEM
Project Financial Assistance Form**

Project Title: _____

EMS: _____ Contact Person: _____

Email: _____ Phone: _____

Assistance Request: \$ _____ Matching Cash: \$ _____ Total Project: \$ _____

A. EMS Objective Association

Check the box that best describes your grant proposal.

- One or more tasks/milestones with the action plan of a **new** objective/target.
- One or more tasks/milestones with the action plan of an **existing** objective/target.
- Other, please explain: _____

Please either complete the table below or provide the same information in the format of your choice in an attachment.

Objective Description			
Action	Subject		Adoption Date
Target 1 Description (Add sections or attachments for additional targets as needed.)			
Action	Subject	Qty to	Metric
Target Time Period	Time Period Type	Component Area	
Baseline data, if applicable	Baseline Time Period	Qty for Period	Narrative Description (Optional)

B. Project Proposal (30 points)

- Concisely summarize the proposed project and its expected outcome.

- List project related items that have been completed such as estimates, audits, feasibility studies, plan adoptions, board approvals, etc. Also, outline tentative tasks or activities for the project proposal.

Task/Activity	Start Date	End Date	Associates (partners, contractors, vendors)

ENVIRONMENTAL MANAGEMENT SYSTEM

Project Financial Assistance Form

3. Provide a more detailed narrative of the project proposal and the reasoning for its associated target. In the narrative, identify the need or problem the proposal will address, elaborate on the milestones in the table above and describe strategies for project implementation.

C. Project Impact & Monitoring (40 points)

4. Explain the expected environmental impact of completing the grant project and achieving its associated EMS objective/target. Identify the geographic region in which the environmental impact is expected to be realized, such as a facility fenceline, municipality, service area, etc. Also, describe the methodology to be used for measuring environmental impact.
5. Identify who is expected to benefit from the completion of the grant project proposal and/or EMS objective and describe what benefits are projected. Benefits may be environmental, economic, service-related, etc.
6. As applicable, explain how the associated EMS objective fits into a long-range plan or has environmental impacts beyond the target end date.

**ENVIRONMENTAL MANAGEMENT SYSTEM
Project Financial Assistance Form**

D. Project Budget & Economic Sustainability (30 Points)

7. Enter budget information in the table below. A minimum cash match of 25% is required for items in which financial assistance is requested.

Budget Item	Assistance Request \$	Local Share – Cash	Total
TOTALS:		\$	\$

8. Are three quotes or estimates for each budget item attached? Yes No
 If not, provide the reason(s). Note: Project proposals may be rejected for not including three quotes or estimates for budget items.

9. Provide a detailed budget narrative related to this project and specify how grant funds will be used.

10. Identify how the project will be financially sustained once project funds are expended. Include an explanation for the continuance of such items as labor, equipment maintenance, service contracts, etc.

ENVIRONMENTAL MANAGEMENT SYSTEM

Project Financial Assistance Form

11. Describe any expected economic benefits, resulting from the completion of the associated EMS objective, such as cost avoidance or revenue generation. As applicable, estimate the payback period for the project cost and explain how it was calculated.

12. As applicable, describe how economic benefits, either immediate or after a payback period, will in turn, benefit members of your service area.

Please Note: Unallowable costs for financial assistance or local cost-share include, but are not limited to:

1. Overhead costs and indirect costs such as taxes, legal costs, insurance premiums, office furnishings/equipment, and leases/rent of facilities, equipment or software used in daily operations.
2. Passenger vehicles and vehicle registrations.
3. Proposal preparation and contractual project administration.
4. Land acquisition and real estate leases.
5. Costs for which payment has been or will be received under another federal, state, or private financial assistance program.
6. Costs incurred before a written agreement between the applicant and the department has been executed.

E. Signature

I affirm the information provided on this Application is true, and that I will provide all other information requested for further substantiation. I agree that if awarded financial assistance for a project(s), I will execute the contract the DNR provides for conveying those funds, which contract will include but not be limited to conditions for expending those funds, and for making reasonable accounting of those expenditures and matching funds or in-kind expenses.

In order to determine funding eligibility, the Department reserves the right to verify any information presented in the application and to determine the applicant's compliance status with applicable local, state and federal statutes and regulations. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable local, state and federal regulations.

Signature, Title

Date

F. Forms

Include signed copies of required forms with your application. Forms may be found on the EMS website:

<https://www.iowadnr.gov/swems>

- Minority Impact Statement