**Submit by February 28, 2023 to:**

Email: [chris.reily@maine.gov](mailto:chris.reily@maine.gov)

1. **ORGANIZATION INFORMATION**

Date:

Organization Information (this should be address listed on Maine Vendor Form where checks will be mailed):

* Organization Name:
* c/o Name & Title:
* Mailing Address:
* E-mail Address:
* Telephone Number:

Local/Primary Contact (project coordinator) and Secondary Contact **(a secondary contact is required in order to process the application)**:

* Local/Primary Contact
  + Name:
  + Address:
  + E-mail:
  + Phone Number:
* Secondary Contact
  + Name:
  + Address:
  + E-mail:
  + Phone Number:

CBI Supervisor if different from above:

* Name:
* E-mail:
* Phone Number:

1. **WATERBODY AND BOAT RAMP INFORMATION**

Identify the ramp(s) and lake(s) you propose to staff with inspectors:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lake Name | Ramp Name | Town where **Ramp** is Located | Public Ramp? Y/N | Estimated # Staffing hours/week |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **2023 CBI Program Description**

Program start and end dates:

Number of days per week:

Which days of the week?

Total number of weeks:

Number of hours per week:

CBI Program Narrative Summary. Provide additional information to help DEP evaluate your proposal. Be informative and concise.

1. **Budget for requested grant funds *(see next page for budget sheet)*:**

Use the budget sheet on the next page to explain how you intend to use grant money and report anticipated match. The budget sheet is like the one used in the final report which you will need to complete to show funds actually expended.

*If a completed budget sheet is not supplied, the application will be returned as incomplete and not recognized as submitted on time.*

**BUDGET SHEET**

**Table 1. Anticipated Cash Expenses:** List ALL anticipated cash expenses for your program whether from the DEP grant or other sources (e.g., cash match). Group together staff with identical duties and hourly rates.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Column A | Column B | Column C |
| **Expenses**  **(e.g. inspector, coordinator, etc. - add lines as needed)** | **Number  of hrs/week** | **Number of weeks/yr.** | **Hourly rate** | Total Costs | *Grant $**(All Costs Covered by Grant)* | Total Cash Match: Columns A – B |
| Inspectors at hourly rate 1 |  |  |  |  |  |  |
| Inspectors at hourly rate 2 |  |  |  |  |  |  |
| Inspectors at hourly rate 3 |  |  |  |  |  |  |
| Inspectors at hourly rate 4 |  |  |  |  |  |  |
| Coordinator |  |  |  |  |  |  |
| Data entry |  |  |  |  |  |  |
| Mileage @ .46/mile | ---------- | ---------- | -------- |  |  |  |
| Payroll costs | ---------- | ---------- | -------- |  |  |  |
| Postage costs | ---------- | ---------- | -------- |  |  |  |
| Supplies | ---------- | ---------- | -------- |  |  |  |
| Copying | ---------- | ---------- | -------- |  |  |  |
| Other (describe): |  |  |  |  |  |  |
| Other (describe): |  |  |  |  |  |  |
| Total Anticipated Expenditures | | | | $ | $ | $ |

**Table 2. Volunteer Hours:** List number of volunteers and volunteer hours by category (e.g., inspector, coordinator, etc.). Describe any additional volunteer duties under “other” and group if similar.

|  |  |  |
| --- | --- | --- |
| **Volunteer Categories** | Number of Volunteers | Total Number of Volunteer Hours |
| Inspector(s) |  |  |
| Coordinator(s) |  |  |
| Data Entry |  |  |
| Other (describe): |  |  |
| Other (describe): |  |  |
| Total Anticipated Volunteer Hours | |  |

**NOTE: All cells in Tables do not need to be filled in. Also, add lines as needed.Table 3. Match Breakdown: This table accounts for all non-grant related spending and donations used for Match** (e.g., Non-grant Cash Match from Table 1; Value of Volunteer Hours (donated labor) from Table 2; and Donations of Goods and Services).

* None of this is from grant funds
* List type of match by duty (inspector, coordinator, etc.)
* If “Other” specify the activity and be sure to fill in the identity of the match source

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Column A** | **Column B** | **Column C** |  |
| **Match Description:** Donations of time or materials and cash expenses not paid with grant money (e.g. mailings, mileage (.46/mile), paid staff, materials & services) | **Match Source**  (i.e., who provides the match - town, lake association, private donor, other). | **Cash**  **Match**  Total should equal Total in Table 1, Column C | **Volunteer Match** = Total hours for each category in Table 2 at $26.77/hour | **Monetary Value of Non-cash**  **Donations** (e.g. goods & services) | **Total Match Amount:** Add Columns A, B, & C shaded cells to get match total |
| Inspector (s) |  | $ | $ |  |
| Coordinator (s) |  | $ | $ |  |
| Data entry |  | $ | $ |  |
| Payroll |  | $ | $ |  |
| Sum of detailed Expenses from Table 1 (postage, copying, mileage @.46/mile, supplies, other) |  | $ | $ |  |
| Other (describe): |  |  |  | $ |
| Other (describe): |  |  |  | $ |
| **TOTAL for each Column** | | $ | $ | $ | $ |

**Table 4. Project Financial Summary**

|  |  |
| --- | --- |
| **Amount of grant requested:**  Equals total amount in Table 1, Column B | **$** |
| **Amount of cash match:**  Equals total amount in Table 3, Column A | **$** |
| **In-kind match (value of volunteer labor, services and donations):** Equals total amount in Table 3, Columns B & C | **$** |
| **Total Cost** | **$** |

You agree to use funds as stated in the CBI Notice

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_