



State of Oregon Department of Environmental Quality

# Section E: Oregon Section 319 Proposal Form

## 2024 Grant Cycle

**Title**

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### Project summary information

Primary contact person:

Organization: \_\_\_\_\_

Applicant position: \_\_\_\_\_

Unique Entity ID #. (required): \_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Day phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary contact person:

Organization/position: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Day phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of signature: \_\_\_\_\_

### Translation or other formats

Español | 한국어 | 繁體中文 | Русский | Tiếng Việt | العربية

800-452-4011 | TTY: 711 | [deqinfo@deq.oregon.gov](mailto:deqinfo@deq.oregon.gov)

## Project location

A. Town(s), County: \_\_\_\_\_

B. Basin or watershed name: \_\_\_\_\_

HUC: (12 digit code required): \_\_\_\_\_

River  Stream  Lake/Pond  Estuary  Groundwater

Other  \_\_\_\_\_

C. Is this project part of a Total Maximum Daily Load, Drinking Water Source Protection Area, or Groundwater Management Area effort? Does it protect an outstanding resource waters or unlisted waterbody.

Yes  No

If yes, name: \_\_\_\_\_

D. Does this project support an identified Watershed Based Plan priority identified in Section B?

Yes  No

If yes, name the watershed and identified priority: \_\_\_\_\_

\_\_\_\_\_

E. Does this project support watershed plan development or capacity building in an identified disadvantaged community (DAC)?

Yes  No

If yes, name the community(s)\* served by this project: \_\_\_\_\_

\_\_\_\_\_

**\*Note:** DEQ follows the definition of disadvantaged communities as defined in the [Office of Management and Budget Justice 40 interim guidance](#). DEQ uses the [Climate and Economic Justice Screening Tool](#) to identify federally designated DACs. Applicants may also submit their own justifications for supporting underserved communities not identified in this map.

F. Map and spatial location information: All proposals must be accompanied by a map showing the project location in sufficient detail that individuals unfamiliar with the area can easily locate it.

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_



5. Does your project include a water quality monitoring component? If so, please include a description of process and measures (e.g., water quality parameters, stream flow metrics, biological indicators) to gauge project success. **Please note that projects using 319 NPS funds to support monitoring must develop and submit to DEQ the appropriate quality assurance/quality control documentation.**
  
6. Describe the proposed management activities, e.g., education, technical assistance; goal(s) of the project; and describe how you will demonstrate success.
  
  
  
  
  
  
  
  
  
  
7. Please provide a clear description of how the project compliments or coordinates with other related water quality improvement efforts in the proposed project location (municipalities, drinking water source area, and/or watershed).
  
  
  
  
  
  
  
  
  
  
8. Is this project a recurrent or phased project? If so please, provide a short narrative of the past/on-going work and the proposed work. If additional phases of the project are anticipated beyond this grant project period, briefly describe the goals and expected timelines of each phase.
  
  
  
  
  
  
  
  
  
  
9. Please provide a concise statement describing:
  - a) the expected environmental outcome(s) that this project would likely achieve; and
  - b) how these outcomes will be measured.

## Project priorities

10. To be eligible for 319 NPS funding, a project must address:
- a) a Watershed Based Plan (WBP) priority identified in Section B; OR
  - b) support watershed plan development or capacity building in a disadvantaged community (DAC).  
Capacity building projects in DACs may also include implementation of community demonstration projects to address known sources of NPS impairment.

Please describe how your project addresses one or both eligibility criteria.

11. Please describe how your project emphasizes environmental justice and engagement with DACs. Please refer to section C for examples of tangible actions that advance equity and environmental justice in the national NPS program.

**If you need additional space to describe your project proposal, please include a document with the additional supporting description/narrative, numbered to correspond with the section.**

## Project budget

Complete the table below to identify the amount of funds requested from the 319 NPS Grant Program, other funds or in-kind services committed to the project, and total cost of the project. Projects selected for funding **must provide at least 40% non-federal cash or in-kind match.**

To calculate the minimum required match, multiply the amount of 319 funds you are requesting by 2/3.

Type of Expense Reimbursement	319 NPS Funds	Non-federal Match	Total
Personal Services			
Supplies and services			
Equipment			
Travel			
Subcontracts			
<b>PROJECT SUBTOTALS</b>			
Select ONE: 1. 10% of <b>Modified Total Direct Cost</b> , or <b>MTDC</b> , is the total of all direct costs of the project, with the following exclusions: equipment over \$5,000, capital expenditures, tuition remission, rental costs of off-site facilities, scholarships and fellowships, as well as that portion of each subgrant (De minimis indirect rate), <b>Or</b> 2. Indirect Cost Plan rate %			
<b>TOTAL</b>			

## Project match

Eligible sources of non-federal match can include cash match from third parties (such as state or private grants) or in-kind donations or volunteer time. Projects selected for funding **must provide at least 40% non-federal cash or in-kind match.**

**Please include this completed table and appropriate signatures for secured match with your 319 NPS application.**

Match Funding Source	Type	Status*	Dollar Value	Is Match Non-Federal?	Will this match be used for other federally-funded awards (regardless of source i.e., nonprofit, state etc.)?

\*If you selected “secured” in the Status column for any match source, you must provide either a signature of an authorized representative of the match source in section below or attach a letter of support from the match source that specifically identifies the dollar amount shown in the dollar value column.

1. Organization providing match: \_\_\_\_\_  
 Authorized signature and date: \_\_\_\_\_
2. Organization providing match: \_\_\_\_\_  
 Authorized signature and date: \_\_\_\_\_
3. Organization providing match: \_\_\_\_\_  
 Authorized signature and date: \_\_\_\_\_
4. Organization providing match: \_\_\_\_\_  
 Authorized signature and date: \_\_\_\_\_