Upper Delaware Council

TECHNICAL ASSISTANCE GRANT (TAG) PROGRAM 2009

TAG 2009 APPLICATION FORM

(Note: All applications are to be submitted on this form.)

RETURN APPLICATION TO: **DEADLINE:** July 31, 2009

Upper Delaware Council, Inc.
211 Bridge Street
PO Box 192
Narrowsburg, NY 12764-0192

1. **Please list the name and address of the applicant:**
   (NOTE: Upper Delaware Town, Township, or County Governments)

   CONTACT PERSON: _____
   TELEPHONE NUMBER: _____

2. **What is the project time duration?**
   (NOTE: Most projects are usually one year.)

3. **Briefly describe the proposed project, including its purpose, goals, and how it addresses the goals and objectives of the River Management Plan** *(NOTE: Copies of the River Management Plan can be obtained at the Upper Delaware Council office.)***:**

4. What are the expected results of the project?
(NOTE: Please include a description of the final product/plan/report.)

5. What is the total cost of the project? $_____
(NOTE: Include a cost estimate of all work to be performed, and any other sources of funding and/or in-kind services, if applicable.)

6. How much funding are you seeking from the Upper Delaware Council for the project? $_____

7. In the event the Upper Delaware Council funds only a portion of the amount requested, would the full project still be undertaken?
_____YES _____NO (Explain)

8. Attach the following required documentation to your application on separate sheets with the following headings:

Addendum A.	**Project Work Plan, including Time Table**
Addendum B.	**Project Budget, including a description of costs for each budget item and notations stating who will be paying for each budget item**
Addendum C.	**Listing of staff, subcontractors, consultants or individuals who will work on the project, including resumes or statement of qualifications and experience**