ARIPPA AMD/AML RECLAMATION GRANT APPLICATION

DATE:		**PROJECT TITLE:**	
PROJECT LOCATION:	Please attach map.	**WATERSHED:**	
COUNTY:		**MUNICIPALITY(IES):**	
EXPECTED PROJECT START & END DATES:		**GRANT AMOUNT REQUESTED:**	$
ORGANIZATION:			
TAX-EXEMPT ORGANIZATION TO WHICH FUNDS WILL BE DISTRIBUTED, IF DIFFERENT FROM ABOVE (PASS-THROUGH AGENT):			
ORGANIZATION OR PASS-THROUGH AGENT'S FEDERAL EIN NUMBER:			
ADDRESS:		**STATE:**	**ZIP CODE:**
SUBMITTED BY:		**TITLE:**	
PHONE:		**EMAIL:**	

I. EXECUTIVE SUMMARY (You may use an additional sheet if needed.)

II. PROJECT DESCRIPTION (You may use an additional sheet if needed.)

III. BUDGET NARRATIVE

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
		TOTAL	

IV. PROJECT TIMELINE

ACTIVITY	START DATE	EXPENDITURE DATE(S)	EXPECTED TANGILBE OUTCOME DATE(S)

V. STAFF & ORGANIZATIONAL INFORMATION

NAME	TITLE	PHONE	EMAIL