



Lake Wallenpaupack Watershed Management District Watershed Improvement Cost-Share Program

The LWWMD is currently accepting applications for watershed improvement projects within the Lake Wallenpaupack Watershed. Residential, commercial, and community properties are eligible. Grants will be made available for a 50% match of project cost up to a maximum of \$10,000. (For example-If your project cost \$20,000 the LWWMD will provide a \$10,000 match.) Priority will be given to projects that reduce or eliminate the flow of pollutants into Lake Wallenpaupack, and those that provide greater than 50% landowner match.

Contact Information	
Property Owner's Name	
Local (Lake) Address	
Local City, ST, ZIP Code	
Home Street Address	
Home City, ST, ZIP Code	
Local Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Project Type

What type of project are you proposing? (Lakefront dredging projects ARE NOT eligible)

- | | |
|---|--|
| <input type="checkbox"/> Lake Shore Erosion | <input type="checkbox"/> Stream Bank Erosion |
| <input type="checkbox"/> Stormwater Mitigation | <input type="checkbox"/> Invasive Species Management |
| <input type="checkbox"/> Agricultural Improvement | <input type="checkbox"/> Other (please describe) _____ |

Project Location

Please provide directions from the nearest State Road.

Project Narrative

Summarize the major components of your project below. To the best of your knowledge, describe the pollution issue, its cause, and your proposal to mitigate the issue. Please provide a drawing and photos with your description. Appropriately label these photos and drawings and specifically reference them in the narrative. (Attach additional sheets if necessary)

--

Estimated Cost of Project

\$ _____

Estimate the cost of your project with a general breakdown of items and their costs.

--

Total Amount of Grant Request from LWWMD

\$ _____

The LWWMD may reimburse 50% of project cost up to a maximum of \$10,000.00, after completion.

Terms and Conditions (Please read and initial)

____By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my project is funded, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate withdrawal of LWWMD funding.

____I understand that if my project is funded I will be solely responsible for obtaining all necessary local, state, and federal permits and/or easements prior to commencing work.

____I understand that the funding from this program will be provided as reimbursement following completion of the project and that the LWWMD reserves the right to refuse payment until the project has been completed according to the specifications set forth in the aforementioned permits. The LWWMD further reserves the right to refuse payment pending approval and inspection by LWWMD personnel.

Name (printed)	
Signature	
Date	

DEADLINE AND NOTIFICATION

DEADLINE FOR ACCEPTING APPLICATIONS IS FRIDAY JUNE 3RD, 2011 AT 5:00 PM.

Applications may be mailed to LWWMD, PO Box 143, Hawley, PA 18428
or hand delivered to the District Office by appointment.

For more information, please contact Nick Spinelli, Executive Director
at 570-226-3865, or by email at lwwmd@verizon.net

Notification of project acceptance will be made by July 1st, 2011