Municipal Shellfish Management Mini-Grant Proposal Application Form

Submit your complete Proposal Application Form by email to DMRPublicHealthDiv@maine.gov by 11:59 pm on March 3, 2024.

For questions about the Mini-Grant Program, contact: meredith.m.white@maine.gov, 207-350-7163

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| **Section 1: Project Information** |
| Project Title: |  |
| Municipal or Regional Shellfish Program: |  |
| Total Budget Request(only include the amount requested if your budget includes match): |  |
| Start and End Date (must be between May 1, 2024 - April 30, 2026): |  |

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| **Section 2: Contact Information** |
| Project Coordinator: |
| Name: | Affiliation: | Email: | Phone: |
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| Key Personnel (list one person per line): |
| Name: | Affiliation: | Email: | Phone: |
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| [ ]  | Check here to indicate that the Project Coordinator and all Key Personnel named above have beencontacted, know they are included in the proposal, and have agreed to participate. |
| Town Administrator Contact: |
| Name: | Mailing Address | Email: | Phone: |
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| Town Financial Contact (the person who would sign the contract on behalf of the town): |
| Name: | Mailing Address | Email: | Phone: |
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| **Section 3: Project Narrative** (2-3 pages total - extra space is provided so as not to limit any one section) |
| **Problem Statement:** What is the problem you intend to address and why does it matter for the health and sustainability of shellfish harvesting? How will the results of this project benefit the shellfish community? *Relevant Review Criteria: 1) Measurable benefit to shellfish harvesters and the community; 2) Innovation and**relevance to emerging issues/timeliness* |
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| **Solutions:** How will you address this problem? How is your approach innovative and timely? What specific strategies and activities will you engage in, where, and when? What products (if any) will you produce? How will you evaluate the success of your proposed efforts?*Relevant Review Criteria: 1) Innovation and relevance to emerging issues/timeliness; 2) Well developed plan for evaluation of project success (ie, comparison against a control, comparison to previous efforts, comparison**across multiple locations, comparison to traditional methods)* |
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| **Capacity:** Who is involved in this project, what are the specific roles and responsibilities of each key member, and why is this group well positioned to do the work you propose?*Relevant Review Criteria: Demonstrated capacity of project team to complete the work* |
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| **Limiting Factors:** Are there any specific challenges or limiting factors that could shape your ability to achieve success in your project?*Relevant Review Criteria: Demonstrated capacity of project team to complete the work* |
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| **Outreach:** How will the project team work to share data with the town, state, and other interested parties? Please describe how the team plans to achieve the deliverable of two outreach activities for this funding opportunity.*Relevant Review Criteria: Plan for outreach efforts to communicate the results beyond the municipality in which the project was completed. Reviewers will favor activities with a high-impact potential, such as a**presentation at the Fishermen’s Forum.* |
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| **Section 4: Project Budget** |
| **Budget:** Each category should have a subtotal, and the entire budget should have a total amount. Match is not required, but if matching funds are needed to complete the work, please include that in the budget. If shellfish harvesters are involved, you may wish to budget for their time, or include that time as match if their involvement meets conservation time requirements. The budget should include a short justification for the first four categories.*Relevant Review Criteria: Total budget in relation to the proposed work.* |
| Budget Category: | Total Requested: | Total Match: | Requested + Match Total: | Short Justification: (How will these funds be used?) |
| Personnel/Contractors: |  |  |  |  |
| Supplies: |  |  |  |  |
| Travel: |  |  |  |  |
| Other:(please describe the expense in the justification) |  |  |  |  |
| Total Direct Cost: (Sum of above costs) |  |  |  |  |
| Indirect Cost: (Capped at 10% of Direct Costs) |  |  |  |  |
| Total Budget: (Direct + Indirect),not to exceed $7,000Requested |  |  |  |  |