# **1010-FM-GC0063 Rev. 11/2014 COMMONWEALTH OF PENNSYLVANIA**

##### DEP LogoDEPARTMENT OF ENVIRONMENTAL PROTECTION

**GRANTS CENTER**

### Environmental Stewardship/Watershed Protection Grant

**Scope of Work**

**(Please Type or Print Legibly)**

1. Project Name:

2. Grantee:

3. Contact Person:

4. Telephone Number:

5. E-mail:

6. Project Location:

7. Briefly identify the specific goals and objectives of the project:

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8. Expected measurable environmental results (i.e. acres reclaimed, feet of stream bank protected, miles of stream improved, individuals trained, etc.)

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9. Are any permits required to complete this project?  Yes  No

If yes, specify. Indicate if the permits have been approved or not.

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10. Are any water samples to be collected?  Yes  No

If yes, identify:

a. Number of sample points

b. Organization providing sampling personnel

c. Sample collection frequency

d. Laboratory performing analyses

If acid mine drainage is present within the project area, water samples upstream and downstream of the drainage must be collected.

11. Are any property easements required?

No

Yes, executed Agreement(s) provided to Department

Yes, submit executed Agreement(s) prior to commencement of work

If Yes Agreement provided to Department, please identify landowner(s)

12. Is a Landowner-Grantee Agreement(s) required?

No, not applicable for this project

No, Grantee is landowner (Grantee Landowner Conditions attached)

Yes, executed Agreement(s) provided to Department

Yes, submit executed Agreement(s) prior to commencement of work

13. Will subcontractors be utilized?  Yes  No

#### If yes, specify the name and work function of the subcontractor and their FID # or describe the process by which they will be selected.

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14. TASKS AND DELIVERABLES

Identify each deliverable, title, estimated date of completion for deliverable, entity/person responsible for task, and associated tasks (including tasks provided as match).

In addition to the below identified deliverables, grantees are required to submit Quarterly Work Progress Reports, Quarterly Applications for Reimbursement, Final Report, Final Application for Reimbursement, One Page Project Summary Handout, Goals and Accomplishments Worksheet, PA Stream Buffer Tracking Form (if necessary), and AMD Treatment System Form for Datashed (if necessary). Refer to Attachment E, Special Conditions.

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| Deliverable #: | | |
| Title: | | |
| Estimated Date of Completion for Deliverable: | | |
| Salary Staff/Contractor/Match Contributor: | | Tasks: |
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15. Project Budget

Grant Amount: $

Match Amount (15% cash and/or in-kind): $

Total Project Costs: $