

Great Lakes Air Deposition Program - 2007

Application Deadline: December 04, 2006



1. DESCRIPTIVE TITLE OF PROJECT: (required)		2. DATE SUBMITTED (mm/dd/yyyy):		
3. APPLICANT INFORMATION				
3a. LEGAL NAME:		3b. ORGANIZATION UNIT:		
3c. ADDRESS:		3d. CITY:	3e. STATE:	
				3f. ZIP:
3g. PROJECT CONTACT NAME:		3h. PROJECT CONTACT PHONE: () -	3i. PROJECT CONTACT EMAIL:	
3j. FISCAL CONTACT NAME (if different from above):		3j: FISCAL CONTACT PHONE: () -	3j: FISCAL CONTACT EMAIL:	
4. AREAS OF PROJECT FOCUS (Mark all that apply)		5A. TYPE OF APPLICANT (enter appropriate letter in box):		
<input type="checkbox"/> Monitoring Applications and Technology Development <input type="checkbox"/> Emissions Inventory Development <input type="checkbox"/> Source Identification and Characterization <input type="checkbox"/> Atmospheric and Multi-Media Modeling <input type="checkbox"/> Assessment of Impacts on Wildlife and Human Health		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District <input type="checkbox"/> H. State Controlled Institution of Higher Learning I. Private University K. Tribe N. Other (Specify) _____		
		5B. PROJECT DURATION		
		<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months
6. AREAS AFFECTED BY PROJECT (Great Lakes, States, Cities, Counties, etc.):				
7. U.S. CONGRESSIONAL DISTRICT WHERE PROJECT IS LOCATED (Optional):				
8. PROPOSED BUDGET:				
a. AMOUNT APPLIED FOR:		\$		
b. APPLICANTS CONTRIBUTION (MATCHING FUNDS):		\$	\$	
c. TOTAL PROJECT BUDGET (add a, b):		\$		
9. PROJECT ABSTRACT: (2000 character limit)				
10. AUTHORIZATION: TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT.				
10a. Authorized Representative:		10b. Title:		10c. Telephone Number: () -
10d. Authorized Officer's Signatures: (Please mail a signed hardcopy along with the full proposal and budget)			10e. Data Signed (mm/dd/yyyy):	
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