**APPLICATION DEADLINE**

* Applications must be ***received*** **no later than 4:00 PM (Eastern), Friday, December 19, 2025**

**Contact**

Jeffrey S. Schmid, Fisheries Biologist

Phone: 814-762-1523

Email: [jschmid@pa.gov](mailto:jschmid@pa.gov)

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| GRANT APPLICATION SUBMITTAL INSTRUCTIONS  * Grant applications must be submitted in their entirety. * All grant applications must be **signed and dated.**   + Applications may be submitted by hard copy or e-mail.   + **Important**: The PFBC is not responsible for undelivered applications. It is the applicant’s responsibility to ensure the materials are received by the PFBC prior to the application deadline. * E-mail Submissions: If applications are submitted by e-mail, send to: [jschmid@pa.gov](mailto:jschmid@pa.gov). * Hard-copy Submissions: Applicants may submit the grant application, budget file, and additional attachments, in hard-copy (one copy) and digitally on an electronic data stick (i.e., jump drive) in Microsoft© WORD .docx (Grant Application). Supporting documents may be in MS-Word, MS-Excel or Adobe© pdf. Send to:  |  | | --- | | **Mailing Address** | | PA Fish and Boat Commission | | c/o **Jeff Schmid** | | Bureau of Fisheries, Division of Habitat Management | | 595 E. Rolling Ridge Drive | | Bellefonte, PA 16823 | | 814.762.1523 | |  |   **IMPORTANT**: All deliveries are processed through a Commonwealth central receiving facility and delivery to PFBC may be delayed an estimated 3-5 days. Example: Overnight delivery scheduled for a Thursday, may not arrive until the following Monday or Tuesday. It is the applicant’s responsibility to ensure materials arrive by the due date/time. |

**APPLICATION FORM**

**INSTRUCTIONS**

* **Save this file to your computer.**
* **Text boxes will expand as text is entered.**
* **Complete all fields, as appropriate.**

*\*****Indicates required information.*** *Text boxes will expand as text is entered.*

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| 1. *\****PROJECT TITLE** |  | | | | | | | | | | | | | |
| 1. *\****LOCATION** | | | | | | | | | | | | | | |
| *\****Watershed** |  | | | | | | | | | | | | | |
| *\****County(ies)** |  | | | | | | | | | | | | | |
| *\****Township(s)** |  | | | | | | | | | | | | | |
| *\****Latitude *(required)*** |  | | | | | *\****Longitude *(required)*** | | | | |  | | | |
| **Check if map is attached** | | | | |  | | | | | | | | | |
| 1. **APPLICANT INFORMATION** | | | | | | | | | | | | | | |
| *\****Name of Organization** | | |  | | | | | | | | | | | |
| *\****Address** | | |  | | | | | | | | | | | |
| *\****City** | | |  | | | | | | | | | | | |
| *\****State** | | |  | | | | | | *\****Zip Code** | | | |  | |
| *\****Contact Person** | | |  | | | | | | | | | | | |
| *\****Phone (including area code)** | | |  | | | | | | **FAX** | | | |  | |
| *\****E-Mail** | | |  | | | | | | | | | | | |
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| 1. **TYPE OF ORGANIZATION (check organization type)** | | | | | | | | | | | | | | |
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|  | |  | | | | | | **Specify** | |  | | | | |
| *\****Federal Identification Number (FIN)** | | | | | | | | | |  | | | | |
| 1. **PROJECT TYPE (check all the apply)** | | | | | | | | | | | | | | |
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|  | | **Specify:** | | | | |  | | | | | | | |
| 1. **PROJECT TIMELINE** | | | | | | | | | | | | | | |
| *\****Project Duration (months)** | | | |  | | | | | | | | | | |
| *\****Anticipated Start Date** | | | | **(mm/dd/yyyy)** | | | | | | | | | | |
| 1. **RELEVANT CONSERVATION PLANS** | | | | | | | | | | | | | | |
| **7a. Does your project implement recommendations of an existing watershed, habitat improvement, or river conservation plan?** | | | | | | | | | | | | **YES** | | **NO** |
| **7b. If “yes”, identify the plan(s), responsible organization(s), contact person(s), and project relevance to the plan(s).** | | | |  | | | | | | | | | | |
| 1. **PERMITS** | | | | | | | | | | | | | | |
| **8a. Will permits be required to complete the work?** | | | | **YES** | | | **NO** | | | | | | | |
| *\****8b. If “yes”, specify the types of permit(s) and if they have been issued.** | | | |  | | | | | | | | | | |
| 1. **PROJECT PARTNERS** | | | | | | | | | | | | | | |
| **9a. Are other entities (i.e., organizations, agencies) assisting with this project?** | | | | **YES** | | | **NO** | | | | | | | |
| **9b. List the names of partners supporting this project (i.e., providing funds, staff, volunteers, services).** | | | |  | | | | | | | | | | |
| **9c. Describe the applicant’s experience and qualifications, as well as that of partners, for conducting this project.** | | | |  | | | | | | | | | | |

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| 1. **PROJECT DESCRIPTION** *Text boxes will expand as text is entered.* | |
| 1. *\****PROJECT DESCRIPTION (Brief): A 2-3 sentence summary of the project. Briefly describe the project and its anticipated benefits.** | |
| **A.** |  |
| 1. *\****NEED: Why is the project needed? Describe why the project should be funded? Explain problems that the project will address. Note fish, mussels or other aquatic life that might benefit from this project. Describe the habitats that will benefit.** | |
| **B.** |  |
| 1. *\****OBJECTIVES: What is expected to be accomplished? When relevant, explain how the project is commensurate with other projects, plans or studies anticipated, underway, or already completed. If relevant, include below in ATTACHMENTS digital images and/or maps with reference to other complementary projects that are planned or already completed.** | |
| **C.** |  |
| 1. *\****APPROACH: How will the work be accomplished? Provide a detailed list of implementation activities, and the associated responsible parties (also see below for the Project Implementation Schedule and Budget Table). List project partners.** | |
| **D.** |  |
| 1. *\****ANTICIPATED BENEFITS AND OUTCOMES: What measurable environmental benefits are expected to be achieved upon completion of this project?** | |
| **E.** |  |
| 1. *\****PROJECT SIZE/LOCATION: When appropriate, indicate the size of the project (e.g., acres, length of stream, riparian corridor), and provide a detailed map of the project area.** | |
| **F.** |  |
| 1. *\****ANTICIPATED MAINTENANCE: Will this project require any maintenance after completion? If yes, please explain the type of maintenance required and how it will be accomplished.** | |
| **G.** |  |

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| 1. **\*PROJECT IMPLEMENTATION SCHEDULE: List and briefly describe major activities, deliverable work products, and the anticipated due date for completion of each.** | | | | |
| |  |  | | --- | --- | | **Schedule** |  | | | | | |
| 1. *\****BUDGET NARRATIVE & TABLE** | | | | |
| 1. **Sub-contracting**: **Do you intend to sub-contract any of the proposed work?** | | | **YES** | **NO** |
| **If “yes”, describe** |  | | | |
| 1. **Match: A minimum match of 25% of the TOTAL project cost is required. Have you met this match with any type of contribution (e.g., cash, in-kind materials or services, volunteer labor)?** | | | **YES** | **NO** |
| **If “yes”, in the accompanying budget table below describe source(s), types of match, and amount of match from each source.** | | | | |
| 1. **Budget Justification: Explain why the costs are necessary.** | | | | |
| **Justification** |  | | | |
| **D. BUDGET TABLE** | | **Complete the following budget table.** | | |
|  | **SUMMARY BUDGET:** Provide total budget information by category line-items. Include total estimated value of matching funds, in-kind services, donated materials & supplies. Check if all or part of a specified expense will be provided as match. | | | |
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| **PROJECT BUDGET AND MATCHING AMOUNTS** | | | |
| **Category** | **Description** | **Grant Funds Requested** | **Match/Contributions and Source**  **(Cash and/or In-Kind)** |
| **Salary and Benefits** |  |  |  |
|  |  |  |
|  |  |  |
| **Travel** |  |  |  |
|  |  |  |
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| **Equipment/**  **Supplies**  **(List each item.**  **Attach additional sheets if necessary)** |  |  |  |
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| **Construction** |  |  |  |
|  |  |  |
|  |  |  |
| **Contractual** |  |  |  |
|  |  |  |
|  |  |  |
| **Acquisition** |  |  |  |
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|  |  |  |
| **Administrative\*** |  |  |  |
|  |  |  |
| **Other**  **(Itemize)** |  |  |  |
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| **TOTALS** |  |  |  |

\*May not exceed 10% of total grant request

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1. **ATTACHMENTS: Provide a brief description of any attachments.**

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| **List of Attachments** | **Brief Description (e.g., map of project area; site color photos; design drawing)** |
| **Attachment 1:** |  |
| **Attachment 2:** |  |
| **Attachment 3:** |  |
| **Attachment 4:** |  |

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| GRANT APPLICATION SUBMITTAL INSTRUCTIONS  * Applications must be ***received*** **no later than 4:00 PM (Eastern), Friday, December 19, 2025.** * Grant applications must be submitted in their entirety. * All grant applications must be **signed and dated.**   + Applications may be submitted by hard copy or e-mail.   + **Important**: The PFBC is not responsible for undelivered applications. It is the applicant’s responsibility to ensure the materials are received by the PFBC prior to the application deadline. * E-mail Submissions: If applications are submitted by e-mail, send to: **jschmid@pa.gov**. * Hard-copy Submissions: Applicants may submit the grant application, budget file, and additional attachments, in hard-copy (one copy) and digitally on an electronic data stick (i.e., jump drive) in Microsoft© WORD .docx (Grant Application). Supporting documents may be in MS-Word, MS-Excel or Adobe© pdf. Send to:  |  | | --- | | **Mailing Address** | | PA Fish and Boat Commission  c/o Jeff Schmid | | Bureau of Fisheries, Division of Habitat Management | | 595 E. Rolling Ridge Drive | | Bellefonte, PA 16823 | | 814.762.1523 | |

## 14. CERTIFICATION AND SIGNATURE

I certify that the information in this application is true and correct to the best of my knowledge.

**Submitted By:**

**Signature** **Date**

**Printed Name Title**

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| **APPLICATION CHECK LIST** | |
|  | **Sections 1-9 have been completed (i.e., project title, contact information, location, project type, organization, timeline, relevance to conservation plans, permits, partners).** |
|  | **Sections 10 A-G: Project description has been completed.** |
|  | **Section 11: Project Implementation Schedule has been completed.** |
|  | **Section 12: Budget narrative and Budget table have been completed:** |
|  | **Section 13: Attachments (e.g., map of project area) are listed and included, if applicable.** |
|  | **Section 14: The application has been signed and dated.**  **IMPORTANT: All applications must be signed and dated.** |
|  | **For hard-copy submissions, also included is an electronic copy (Microsoft© WORD-application) on an electronic data stick (i.e., jump drive).** |

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| For Official Use Only: |  |