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Opportunity Details

Opportunity Information

Title

2025 Consumptive Use Mitigation Grant

Description

The Susquehanna River Basin Commission's Consumptive Use Mitigation Grant Program is intended to fund projects that mitigate consumptive use or otherwise improve drought resilience in the Susquehanna River Basin. For additional details, please refer to the Grant Program Guidelines at https://www.srbc.gov/our-work/grants/consumptive-use-mitigation-grant.html.

Awarding Agency Name

Susquehanna River Basin Commission

Agency Contact Phone

717-238-0423 ext. 1017

Agency Contact Email

cugrant@srbc.gov

Public Link

https://www.gotomygrants.com/Public/Opportunities/Details/4f4b7f6a-b2ca-4990-a941-77e8c58694fe

Funding Information

Funding Source Description

The Water Management Fund is used to finance water supply related projects, including the planning, design, and construction of new projects, reformulation of existing reservoirs, or any other project initiated by the Commission to address the cumulative impact of consumptive use or otherwise support low flow management in the Susquehanna River Basin. This is non-federal/non-state funding.

Award Information

Award Period

07/01/2025 - 06/30/2028

Award Type

Competitive

Matching Requirement

Yes

Cash Match Requirement

20.00%

Submission Information

Submission Window

11/01/2024 8:00 AM - 01/31/2025 4:00 PM

Submission Timeline Type

One Time

Question Submission Information

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Question Submission Open Date

11/01/2024 8:00 AM

Question Submission Close Date

01/17/2025 4:00 PM

Question Submission Email Address

cugrant@srbc.gov

Question Submission Additional Information

The Commission encourages interested entities to start grant applications early and to contact us with any questions using the email address or phone number above. Please note that although we work to answer every question received, we cannot guarantee responses to questions submitted after January 24, 2025.

Additional Information

Additional Information URL

https://www.srbc.gov/our-work/grants/consumptive-use-mitigation-grant.html

Additional Information URL Description

Consumptive Use Mitigation Grant web page containing grant updates, online application, grant guidelines, key documents, and contact information.

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Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement
$0.00

Cash Match Contributions
$0.00

Total Award Budget
$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

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Project Description

2. Applicant Organization Information

Business and Secondary Contact Information

Applicant/Legal Registered Name

Doing Business As Name (if applicable)

Applicant Type

Select an item... ▼

Is the Proposed Project associated with a SRBC Regulated Consumptive Use Project?
○ Yes
○ No

Docket Number

Does the associated Approved SRBC Consumptive Use Project pay a Consumptive Use Mitigation Fee?
○ Yes
○ No

Applicant's FEIN, SSN, or TIN Number:

Applicant's NAICS Code:

NAICS Code Lookup:
https://www.naics.com/search/

Do you have a secondary contact for this application?
Select an item... ▼

Secondary Contact Name (if applicable)

Applicant's Street Address

Applicant's Street Address 2

Applicant's City/Town

Applicant's State (ex. PA, MD, NY)

Applicant's Zip Code

Applicant's Primary Phone Number (ex. xxx-xxx-xxxx)

Applicant's Primary Phone Extension (if applicable)

Applicant's E-mail Address

Please provide the information below for the applicant organization individual responsible for signing grant agreements.

First Name

Last Name

Job Title

E-mail Address

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3. Project Type and Location

Project Name

Project Name

Project Type

Project Category

Select an item... ▼

WSAs Project Types

Select an item... ▼

POAs Project Types

Select an item... ▼

DMAs Project Types

Select an item... ▼

EWQAs Project Types

Select an item... ▼

Project Location

Project Location Map (Optional)

Project Longitude (ex. -76.886570)

Project Latitude (ex. 40.263200)

Project Street Address

Project Street Address 2

Project City/Town

Project State (ex. PA, MD, NY)

Project Zip Code

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4. Project Purpose and Benefits

Project Purpose

What is the purpose of the proposed project relative to mitigating consumptive use or otherwise improving drought resilience in the Susquehanna River Basin?

Project Outcomes

What are the specific water quantity and/or water quality outcomes expected from implementing the proposed project?

Project Benefits

Please provide a minimum of one numeric water quantity or water quality benefit the project is expected to provide. Applicants may provide up to five numeric water quantity or water quality benefits.

Benefit Description (ex. Water Savings, Total Nitrogen)

Benefit Type

Select an item... ▼

Benefit Value

0

Benefit Units

Select an item... ▼

Other

Is the proposed project expected to provide a second water quantity or water quality benefit?

Select an item... ▼

Second Benefit Description (ex. Water Savings, Total Nitrogen)

Second Benefit Type

Select an item... ▼

Second Benefit Value

0

Second Benefit Units

Select an item... ▼

Second Other Benefit Unit

Is the proposed project expected to provide a third water quantity or water quality benefit?

Select an item... ▼

Third Benefit Description (ex. Water Savings, Total Nitrogen)

Third Benefit Type

Select an item... ▼

Third Benefit Value

0

Third Benefit Units

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Select an item... ▼

Third Other Benefit Unit

Is the proposed project expected to provide a fourth water quantity or water quality benefit?

Select an item... ▼

Fourth Benefit Description (ex. Water Savings, Total Nitrogen)

Fourth Benefit Type

Select an item... ▼

Fourth Benefit Value

0

Fourth Benefit Units

Select an item... ▼

Fourth Benefit Other Unit

Is the proposed project expected to provide a fifth water quantity or water quality benefit?

Select an item... ▼

Fifth Benefit Description (ex. Water Savings, Total Nitrogen)

Fifth Benefit Type

Select an item... ▼

Fifth Benefit Value

0

Fifth Benefit Units

Select an item... ▼

Fifth Benefit Other Unit

Other Project Benefits

Please explain any non-water quantity or non-water quality benefits the proposed project is expected to provide (optional). If multiple non-water quantity or non-water quality benefits are expected, then please use the formatting toolbar to bullet point or number the non-water benefits. (Please note that climate change and environmental justice benefit questions are located in the next form.)

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5. Climate Change and Environmental Justice

Climate Change Adaptation

How has the proposed project meaningfully considered climate change projections of future temperature and precipitation and their implications to water resources in the Susquehanna River Basin?

How will the proposed project improve climate resilience in the Susquehanna River Basin relative to water supply, water demand, drought operations, and/or water quality?

Environmental Justice

Is the proposed project located in or adjacent to a designated environmental justice area? If yes, please describe the environmental justice area. If no, enter "N/A" for not applicable.

How were the communities in the environmental justice area meaningfully involved in the project development process? Enter "N/A" if not applicable.

How will the proposed project provide direct benefits to the environmental justice area relative to water affordability, legacy pollution, or outdoor recreation? Enter "N/A" if not applicable.

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6. Project Tasks - Scope of Work

Project Description

Please concisely outline the project with anticipated outcomes.

Project Tasks

Instructions

Applicants are required to complete a task-based scope of work. A maximum of 5 tasks can be completed. Please make sure the description of tasks in this section align with tasks in the budget section of the application.

Task 1

Task 1 Title

Task 1 Start Date

Task 1 End Date

Concise Description of Task 1 Work

Concise Description of Task 1 Deliverables (enter "N/A" if not applicable)

Would you like to add a second task?

Select an item... ▼

Task 2

Task 2 Title

Task 2 Start Date

Task 2 End Date

Concise Description of Task 2 Work

Concise Description of Task 2 Deliverables (enter "N/A" if not applicable)

Would you like to add a third task?

Select an item... ▼

Task 3

Task 3 Title

Task 3 Start Date

Task 3 End Date

Concise Description of Task 3 Work

Concise Description of Task 3 Deliverables (enter "N/A" if not applicable)

Would you like to add a fourth task?

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Select an item... ▾

Task 4

Task 4 Title

Task 4 Start Date

Task 4 End Date

Concise Description of Task 4 Work

Concise Description of Task 4 Deliverables (enter "N/A" if not applicable)

Would you like to add a fifth task?

Select an item... ▾

Task 5

Task 5 Title

Task 5 Start Date

Task 5 End Date

Concise Description of Task 5 Work

Concise Description of Task 5 Deliverables (enter "N/A" if not applicable)

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7. Site Access, Permits and O&M

Site Ownership and Access

Does the applicant organization own the project site?

Select an item... ▼

Please concisely explain why Site Ownership and Access is not applicable to the proposed project.

Please provide the name and contact information of the site owner for the primary project site.

Site Owner's Full Name

Site Owner's Street Address 1

Site Owner's Street Address 2

Site Owner's City/Town

Site Owner's State (ex. PA, MD, NY)

Site Owner's Zip Code

Site Owner's Primary Phone Number (ex. xxx-xxx-xxxx)

Site Owner's Primary Phone Extension (if applicable)

Site Owner's Email Address

Does the applicant organization have a signed site access agreement(s) or Landowner Consent Letter from the site owner?

Select an item... ▼

Please upload the site access agreement(s) or Landowner Consent Letter(s).

Please explain how the applicant organization will gain access to the primary project site.

Please upload any additional property surveys or maps you think will assist SRBC in its review of the proposed project.

Operations and Maintenance (O&M)

Does the project require ongoing O&M?

Select an item... ▼

Please describe any proposed project Operations and Maintenance, including schedules, responsible entities, and annual costs.

Operations and Maintenance Start Date

Operations and Maintenance End Date

Permits and Approvals

Does the applicant organization need any permits to implement this project?

Select an item... ▼

Please list the permits needed to complete the project.

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Issuing Entity	General Description	Status (Not Applied/Applied/Approved)

Did the applicant organization complete the required table?

Select an item... ▼

Does the applicant organization need additional regulatory approvals beyond any permits listed above to implement the proposed project?

Select an item... ▼

Please use the formatting toolbar to provide bulleted or numbered regulatory approvals required to implement the proposed project.

8. Funding Method and Matching Funds

Funding Method

Instructions

SRBC will provide grant funds in the form of Reimbursement to those applicants awarded a grant. However, applicants may request that SRBC consider providing Advance Funding for their proposed project. SRBC reserves the right to award a grant using a different funding method than that selected by the applicant. Applicants may decline an offered grant award.

Applicants may request Advance Funding by providing justification below. To learn more about the available funding methods, please see SRBC's Grant Guidelines and Grant Agreement Template available on our [Consumptive Use Mitigation Grant Program](#) web page.

Please concisely explain the administrative or financial need for requesting Advance Funding. (Upload a one page or less document below.)

Project Budget by Fiscal Year

Please upload a completed Project Budget By Fiscal Year Spreadsheet (required: template available at link below).

Project Budget By Fiscal Year Spreadsheet Template:
https://www.srbc.gov/our-work/grants/consumptive-use-mitigation-grant.html

Matching Funds Commitment

Please upload a completed Matching Funds Commitment Letter (required: template available at link below).

Matching Funds Commitment Letter Template:
https://www.srbc.gov/our-work/grants/consumptive-use-mitigation-grant.html

Is the applicant organization including Real Property Acquisition Costs as part of its Cash Match?

Select an item... ▼

Please upload a recent appraisal for the Real Property. For more information on Real Property and appraisals, please see the Cost Share Requirements section of the Grant Program Guidelines.

9. Project Partners

Project Partner(s) Organization Information

Are there any project partners involved with the proposed project? (For more than one project partner, fill out corresponding fields below. Applicant may enter up to five project partners.)

Select an item... ▼

Project Partner's Organization Name

Project Partner's Street Address

Project Partner's Street Address 2

Project Partner's City/Town

Project Partner's State (ex. PA, MD, NY)

Project Partner's Zip Code

Project Partner's Organization Contact First Name

Project Partner's Organization Contact Last Name

Project Partner's Job Title

Project Partner's Primary Phone Number (ex. xxx-xxx-xxxx)

Project Partner's Primary Phone Extension (if applicable)

Project Partner's E-mail Address

Please describe the project partner's involvement in the proposed project.

Is there a second project partner?

Select an item... ▼

Second Organization Name

Second Organization Street Address

Second Organization Street Address 2

Second Organization City/Town

Second Organization State (ex. PA, MD, NY)

Second Organization Zip Code

Second Organization Contact First Name

Second Organization Contact Last Name

Second Organization Contact Job Title

Second Organization Phone Number (ex. xxx-xxx-xxxx)

Second Organization Phone Extension (if applicable)

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Second Organization Email Address

Please describe the second project partner's involvement in the proposed project.

Is there a third project partner?

Select an item... ▼

Third Organization Name

Third Organization Street Address

Third Organization Street Address 2

Third Organization City/Town

Third Organization State (ex. PA, MD, NY)

Third Organization Zip Code

Third Organization Contact First Name

Third Organization Contact Last Name

Third Organization Contact Job Title

Third Organization Primary Phone Number (ex. xxx-xxx-xxxx)

Third Organization Phone Extension (if applicable)

Third Organization Email Address

Please describe the third project partner's involvement in the proposed project.

Letters of Support

Are there any letters of support to be included with the application?

Select an item... ▼

Please upload first letter of support here.

Please upload second letter of support here (if applicable).

Please upload third letter of support here (if applicable).

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10. Applicant Experience

Applicant Organizational Capacity

Briefly summarize the applicant organization's capacity (ex. expertise, equipment, technologies) to implement the project.

Applicant Organization Project Experience

Instructions

SRBC considers an Applicant Organization's experience in its review to better understand whether the proposed project can be successfully implemented.

- **Applicants must provide a minimum of one similar or relevant project to demonstrate their experience.**

- **Applicants may add up to four additional similar or relevant projects to demonstrate their experience.**

Relevant Project Experience

Project Name

Project Duration (Months)

Total Budget Managed

Brief Description of Relevant Work Performed

Would you like to add a second example of relevant applicant organization project experience?

Select an item... ▾

Project Name

Project Duration (Months)

Total Budget Managed

Brief Description of Relevant Work Performed

Would you like to add a third example of relevant applicant organization project experience?

Select an item... ▾

Project Name

Project Duration (Months)

Total Budget Managed

Brief Description of Relevant Work Performed

Project Team Member Experience

Instructions

SRBC considers an Applicant Organization's individual team experience in its review to better understand whether the proposed project can be successfully implemented.

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- **Applicants must provide relevant professional experience information for the lead project manager or grant manager.**

- **Applicants may add up to four additional key team members and their relevant professional experience.**

Lead Project Manager/Grant Manager Name

Total Years of Professional Experience
  0.00

Certifications/Professional Licenses (ex. PMP, PE, PG)

Briefly Describe Lead Project Manager's/Grant Manager's Relevant Professional Experience and how it applies to this project.

Would you like to add a second key team member and their relevant professional experience?
  Select an item... ▾

Team Member Name

Total Years of Professional Experience
  0.00

Certifications/Professional Licenses (ex. PMP, PE, PG)

Briefly Describe Team Member's Relevant Professional Experience and how it applies to this project.

Would you like to add a third key team member and their relevant professional experience?
  Select an item... ▾

Team Member Name

Total Years of Professional Experience
  0.00

Certifications/Professional Licenses (ex. PMP, PE, PG)

Briefly Describe Team Member's Relevant Professional Experience and how it applies to this project.

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11. Application Attestations

The applicant must indicate agreement with the following statements before submitting the application.

CONFLICT OF INTEREST

I have read the conflict of interest statement in the Grant Agreement Template and will abide by all of its provisions (XIX (B)).

☐ Yes

NONDISCRIMINATION

I have read the nondiscrimination statement in the Grant Agreement Template and will abide by all of its provisions (XIX (C)).

☐ Yes

RESTRICTION ON LOBBYING

I have read the restriction on lobbying statement in the Grant Agreement Template and will abide by all of its provisions (XIX (D)).

☐ Yes

CONTENT OF APPLICATION

I have read the Grant Guidelines and the Grant Agreement Template and the information submitted in this grant application is true and accurate.

☐ Yes

AUTHORIZATION

The individual(s) submitting this application represent and warrant that they have the legal capacity and authority to do so on behalf of their respective legal entities. (Once you click Submit this application will be final and no changes can occur. Please verify that all fields are completed and attachments are uploaded before submitting.)

First and Last Name

Affiliation

Date (mm/dd/yyyy)

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Budget

Proposed Budget Summary

Expense Budget

Task 01		Grant Funded	Non-Grant Funded	Total Budgeted
	Subtotal	$0.00	$0.00	$0.00
Task 02				
	Subtotal	$0.00	$0.00	$0.00
Task 03				
	Subtotal	$0.00	$0.00	$0.00
Task 04				
	Subtotal	$0.00	$0.00	$0.00
Task 05				
	Subtotal	$0.00	$0.00	$0.00
Total Proposed Cost		$0.00	$0.00	$0.00

Revenue Budget

		Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding				
	Award Requested	$0.00		$0.00
	Subtotal	$0.00		$0.00
Non-Grant Funding				
	Cash Match		$0.00	$0.00
	Subtotal		$0.00	$0.00
Total Proposed Revenue		$0.00	$0.00	$0.00

Proposed Budget Detail

Proposed Budget Narrative

Task 01

Task 02

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Task 03

Task 04

Task 05