

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>	
<b>* 3. Date Received:</b> 11/22/2019		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>			<b>5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Eastern Band of Cherokee Indians Natural Resources Program					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>			<b>* c. Organizational DUNS:</b> <input type="text"/>		
<b>d. Address:</b>					
<b>* Street1:</b>		2000 Old Number 4 Road			
<b>Street2:</b>		<input type="text"/>			
<b>* City:</b>		Cherokee			
<b>County/Parish:</b>		<input type="text"/>			
<b>* State:</b>		NC: North Carolina			
<b>Province:</b>		<input type="text"/>			
<b>* Country:</b>		USA: UNITED STATES			
<b>* Zip / Postal Code:</b>		28719			
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <input type="text"/>			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> <input type="text"/>		<b>* First Name:</b> Raine			
<b>Middle Name:</b> <input type="text"/>					
<b>* Last Name:</b>		Tetreault			
<b>Suffix:</b> <input type="text"/>					
<b>Title:</b> <input type="text"/>					
<b>Organizational Affiliation:</b> <input type="text"/>					
<b>* Telephone Number:</b>		828-359-6771		<b>Fax Number:</b> <input type="text"/>	
<b>* Email:</b> raintetr@nc-chokeee.com					

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

I: Indian/Native American Tribal Government (Federally Recognized)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Eastern Band of Cherokee Indians

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

**\* Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Data Management System Development

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 01/01/2020

\* b. End Date: 12/31/2020

**18. Estimated Funding (\$):**

* a. Federal	28,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	28,500.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name: Rainee

Middle Name:

\* Last Name: Tetreault

Suffix:

\* Title: Lead Environmental Lab Technician

\* Telephone Number: 828-359-6771

Fax Number:

\* Email: rainetet@nc-chokeee.com

\* Signature of Authorized Representative: Rainee Tetreault

\* Date Signed: 11/22/2019

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1. Multi-purpose Grant, (MPG)	66.204	\$ 0	\$ 0	\$28,500.00	
2.					
3.					
4.					0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 28,500.00	\$ 0.00

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) MPG	(2)	(3)	(4)	
a. Personnel					
b. Fringe Benefits					
c. Travel	3,000.00				3,000.00
d. Equipment	19,383.85				19,383.85
e. Supplies	6,116.15				6,116.15
f. Contractual					
g. Dues and Subs					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 28,500.00	\$	\$	\$	\$28,500.00

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### SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. MPG					\$
9.					
10.					
11.					
12. Total (SUM OF LINES 8-11)					

### SECTION D - FORECASTED CASH NEEDS

13. Federal	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
	\$	\$	\$	\$	\$
14. Non-Federal	\$	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

### SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. MPG	\$	\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	0.00	\$	0.00	\$

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
Washington, DC 20460

**Preward Compliance Review Report for  
All Applicants and Recipients Requesting EPA Financial Assistance**

Note: Read instructions on other side before completing form.

<b>I. Applicant/Recipient (Name, Address, State, Zip Code).</b> <b>Eastern Band of Cherokee Indians</b>	<b>DUNS No.</b>
<b>II. Is the applicant currently receiving EPA assistance?</b> <b>yes</b>	
<b>III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.)</b>	
<b>IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.)</b>	
<b>V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))</b>	
<b>VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.</b> <div style="display: flex; justify-content: space-between;"> <span><b>Yes</b></span> <span><b>✓ No</b></span> </div> <p>a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). <span style="float: right;"><b>Yes</b> <b>No</b></span></p> <p>b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. <span style="float: right;"><b>Yes</b> <b>No</b></span></p>	
<b>VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) <b>✓ Yes</b> <b>No</b></b> <p>a. Do the methods of notice accommodate those with impaired vision or hearing? <span style="float: right;"><b>✓ Yes</b> <b>No</b></span></p> <p>b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? <span style="float: right;"><b>✓ Yes</b> <b>No</b></span></p> <p>c. Does the notice identify a designated civil rights coordinator? <span style="float: right;"><b>Yes</b> <b>✓ No</b></span></p>	
<b>VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) <b>yes</b></b>	
<b>IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) <b>yes</b></b>	
<b>X. If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator: <b>yes</b></b>	
<b>XI. If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet address for, or a copy of, the procedures.</b>	
<b>For the Applicant/Recipient</b>	
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.	
<b>A. Signature of Authorized Official</b>	<b>B. Title of Authorized Official</b>
<b>C. Date</b>	
<b>For the U.S. Environmental Protection Agency</b>	
I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.	
<b>A. Signature of Authorized EPA Official</b>	<b>B. Title of Authorized EPA Official</b>
<b>C. Date</b>	
See * note on reverse side	

## Instructions for EPA FORM 4700-4 (Rev. 06/2014)

### General

Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities.

Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution.

40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972.

40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973.

The Executive Order 13166 (E.O. 13166) entitled; "Improving Access to Services for Persons with Limited English Proficiency" requires Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

### Items

"Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25.

"Recipient" means any entity, other than applicant, which will actually receive EPA assistance. 40 C.F.R. §§ 5.105, 7.25.

"Civil rights lawsuits and administrative complaints" means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed.

"Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or disability.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission.

If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification.

\* Note: Signature appears in the Approval Section of the EPA Comprehensive Administrative Review For Grants/Cooperative Agreements & Continuation/Supplemental Awards form.

### "Burden Disclosure Statement"

EPA estimates public reporting burden for the preparation of this form to average 30 minutes per response. This estimate includes the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to U.S. EPA, Attn: Collection Strategies Division (MC 2822T), Office of Information Collection, 1200 Pennsylvania Ave., NW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

The information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by the above statutes and regulations.

## EPA KEY CONTACTS FORM

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**   
**Complete Address:**  
Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
Phone Number:  Fax Number:   
E-mail Address:

**Payee:** *Individual authorized to accept payments.*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**   
**Complete Address:**  
Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
Phone Number:  Fax Number:   
E-mail Address:

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**   
**Complete Address:**  
Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
Phone Number:  Fax Number:   
E-mail Address:



## EPA KEY CONTACTS FORM

**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**

**Complete Address:**

Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
**Phone Number:**  **Fax Number:**   
**E-mail Address:**

### Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> a. contract ___ b ___ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> a. bid/offer/application ___ a ___ b. initial award c. post-award	<b>3. Report Type:</b> a. initial filing ___ a ___ b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <u>Eastern Band of Cherokee Indians</u> <u>PO Box 455</u> <u>Cherokee, NC 28719</u> Prime ___ Subawardee ___ Tier ____, if Known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:   Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  USEPA	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: __66.204__	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ 28,500.00	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  Tetreault, Rainee L 2000 Old Number 4 Rd. Cherokee, NC 28719	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only</b>	<b>Authorized for Local Reproduction</b> <b>Standard Form - LLL (Rev. 7-97)</b>	

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitations for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Included prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503

## **EBCI MPG FY 2020 Scope of Work**

The EBCI Water Quality Program is pleased to provide the following proposal to facilitate the implementation of our newly approved water quality standards.

### **Areas of Concern**

Economic Development and population growth have increased on tribal lands, resulting in a rise of land disturbing activities that have the potential to impact water quality.

The Water Quality Program has advanced considerably in capacity building and has a robust multi-media monitoring agenda producing a significant volume of stream data. A portion of this data is submitted to STORET via WQX but is not otherwise being used to its full potential. Staff would greatly benefit from a streamlined and easy to use data management system to ensure that data is collected and stored in an organized, uniform and timely fashion.

### **Proposed Activities**

MPG funds will be used to develop a Data Management System (DMS) for all media monitoring results utilizing the water program SOP's currently being developed under a contract between USEPA and USET. Funds will be used to develop a computer program designed to input and store data and to purchase rugged field laptops for in the field data entry and analysis.

To design said computer program, Water Quality Staff are currently in contact with the state of Tennessee, as they have successfully designed and implemented a DMS that can be easily duplicated and utilized by tribal staff. Water quality staff will seek training and advice from Tennessee colleagues in order to design a DMS that best fits tribal water quality monitoring needs.

MPG funds will be used to purchase five Panasonic toughbooks, (one for each staff member). This will greatly aid staff by saving time on data entry and analysis, as much of the data can be entered as soon as it is collected. This will also cut down on time required to generate reports, as results won't have to be entered in to a computer later after looking through multiple field and bench sheets. Another added benefit is that it gives staff the ability to cut down significantly on paper waste and lowers the risk of entry errors due to poor penmanship.

Lastly, there is a need to replace/repair and upgrade various field and laboratory equipment. Any funds left over from the purchase of the field laptops and travel/training expenses will aid in the purchase of the following.

- Repairs to microscopes used in the lab for macroinvertebrate identifications
- Field meter probes and maintenance
- Reagents and supplies used for laboratory analysis

- Supplies needed for voucher collection of EPT specimens
- Continuous monitoring device parts and maintenance

The table below is a proposed budget for how the MPG would be utilized by the Water Quality Program.

**Table 1. Estimated Budget**

Item	Budgeted Amount	\$28500.00
Panasonic Toughbook 20	\$19,383.85	\$9116.15
Travel/Training for computer program development	\$3000.00	\$6116.15
Field equipment/lab equipment and maintenance	\$6116.15	\$0.00

### Desired Outcomes

The DMS will provide critical water quality information in a user-friendly format to support water quality management decisions in areas of standards compliance and enforcement, stormwater management and pollution prevention.

Additionally, the DMS will greatly assist the water quality program in performing water quality modelling and assessments in annual reporting to USEPA and in providing datasets for outreach at tribal council and citizens at venues such as the monthly timber committee meetings and triennial reviews. Below is an estimated timeline for the completion of the proposed activities.

Activity	Start Date	Completion Date
Purchase of laptops	N/A	02-28-2020
Travel/Training	01-01-2020	04-30-2020
Usable DMS	04-30-2020	06-30-2020
Supplies	01-01-2020	12-31-2020

**Table 2: Tentative timeline of MPG grant funded activities in year 2020**

Barring any major setbacks, it is proposed that this project will be completed and implemented by the end of the 2020 calendar year.

M. Bolt and R. Tetreault, EBCI



# Grant Application Review Form

LOG # 20009Program: EBCI NATURAL RESOURCES**GRANT INFORMATION:**CFDA # 166.204FOA Grant Title: EPA WATER ONLY PFC Multi Purpose Grant ProgramGranting Agency: US ENVIRONMENTAL PROTECTION AGENCYPurpose of Grant: TO SUPPLEMENT TRIBAL ENVIRONMENTAL WATER QUALITY PROGRAMSHow will this be accomplished? PURCHASE TOUGHBOOKS (LAPTOPS), TRAININGS, TRAVE, AND EQUIPMENT FOR WATER QUALITY PROGRAM USEClosing Date (Grant Application Deadline) 12/31/2019\*Grant Period: Beginning 1/1/2020 End 12/31/2020 DatesFiscal Year(s) 20-21Is this a Sub-Award? ☒ YES ☐ NOIs this to continue a current grant? ☐ YES ☒ NO If yes, current Grant # Electronic submission? If no, explain why. ☒ YES ☐ NO*NOTE: All applications must be submitted by the Grant Compliance Office on behalf of the Tribe & program*Bookkeeping contact (in program): BRITTANY MATHISPhone No: 359-6112Grant administration experience? ☒ YES ☐ NOResolution Attached? ☒ YES ☐ NO*NOTE: If no, form is not complete & cannot be reviewed***FUNDING DETAILS:**Is GF Match used as a source for tribal portion? ☐ YES, (a Funding Request Form is required) ☒ NO**Allocation of Funding:**28,500 - Grant Portion0 - Tribal Portion28,500 - Total**Source(s) of Tribal Portion:**☐ GF Match☐ Tribal Match☐ In-kind Match**Tribal/In-kind Notes:**Indirect Allowed ☐ YES, % Allowed:  ☒ NOWhat are the requirements for continuation once grant funding ends? NONEDoes this grant cover any salary costs? ☐ YES ☒ NO What is the salary amount? Will the Tribe be responsible for funding this salary once the grant ends? ☐ YES ☒ NO**Program Authorization:**

Date

Program Contact Kainea Letreault12/4/2019Program Manager Muley12/6/19Director of Program Secretary **Grants Compliance Office Authorization:**

Date

Grants Compliance (DeMakus Staton) 12/18/19Received from Grants Coresponding Funding Request # **Tribal Authorization:**Date of Chief review Comments: Resolution # Date Council Action: **Award:**Grant Awarded ☐ YES ☐ NODate of Notification: GEMS # Awarded Amount: Grant # Grant orientation date: Award Period