**Volunteer Monitoring Lab Analysis Support Program**

**2024 Application**

Due by 5:00 PM on Friday, February 23rd, 2024

Applicants must submit all application materials electronically via email to DEQ’s Volunteer Monitoring Lab Analysis Program Manager, Abbie Ebert, at abbie.ebert@mt.gov. Abbie Ebert can be reached by phone at 406-444-5390.For more information, please refer to the 2024 Volunteer Monitoring Laboratory Analysis Support Program Call for Applications at <https://deq.mt.gov/water/Programs/Monitoring>.

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| **Applicant Contact Information** | |
| Applicant - Organization Name | Click here to enter text. |
| Applicant - Contact Person Name | Click here to enter text. |
| Address | Click here to enter text. |
| Email | Click here to enter text. |
| Phone | Click here to enter text. |
| Tax ID number | Click here to enter text. |
| Requested funding amount ($5,000 maximum; must match budget table) | Click here to enter text. |

Please check this box if you have also applied for Flathead Biological Stations Monitoring Montana’s Waters program. If checked, describe how the use of DEQ funds will differ from use of MMW funds. A detailed description, including which sites and how many visits you will make using each funding source is required.

Click here to enter text.

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| **Project Information** |

1. **Project title and location:**

Click here to enter text.

1. **Describe who will conduct the monitoring (indicate if volunteer or not):**

Click here to enter text.

1. **Describe the monitoring objectives that you will address with the data you are seeking funding for:**

Click here to enter text.

1. **Briefly summarize your study design, selected parameters, and intended data analysis. Explain why these are suitable to reach the objectives stated in response #2 above.**

Click here to enter text.

1. **Describe how the results of the project will be used to protect or improve water quality:**

Click here to enter text.

1. **Describe how this monitoring project fits into larger watershed scale planning efforts:**

Click here to enter text.

1. **Describe how you will communicate results and conclusions of this project to appropriate audiences:**

Click here to enter text.

1. **Describe steps that you have taken to ensure this project can be successfully implemented in 2024:**

Click here to enter text.

1. **List training, technical resources, equipment, or other factors (e.g., permission from landowners to sample on private lands) that you will need to obtain in order to implement the project in 2024:**

Click here to enter text.

1. **Draft Sampling and Analysis Plan (SAP) is attached?** Check box to confirm: **Yes**

If your group is applying for DEQ and MMW funds it is highly recommended that one SAP is completed that covers all project efforts.

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| **Budget** |

Please provide a budget table (can be attached separately) which reflects the type, quantity, and cost of parameters for which funding is being requested. See the Volunteer Monitoring Suite and Pricing in the Call for Applications for approved parameters and costs.

\*If you have applied for both DEQ Volunteer Laboratory Analysis Support Program and MMW funding you must also include the MMW budget table as well.

Suggested format:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parameter** | **Price per Parameter** | **Number of Sites** | **Number of visits per site** | **Number of routine samples** (number of sites x number of visits per site) | **Number of field blanks** (often one per sampling event) | **Number of field duplicates** (often ~10% of the total number of routine samples) | **Total number of samples** (routine + duplicates + blanks) | **Total Cost** (Total number of samples x cost per parameter) |
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| Sample Management Fee | 2 |  |  |  |  |  |  |  |

\* Include a line for shipping, if applicable

\* Sample management fee is required