

## 2025-2026 Community Grant APPLICATION

□By selecting this box, I agree that the project team will not solicit nor coerce PPBEP staff, Community Grant Selection Committee Members, or Board of Directors Members regarding selection of our proposal. I accept that if any member of the project team is found to have solicited on behalf of their team's proposal, that the proposal will be ineligible for funding.

Applications Must Include:

$\square$ Signed Cover Letter indicating authority to apply for grant (1-page maximum)
□Completed Application Form
□Budget Worksheet (Excel Attachment)

## **Optional Additional Documents:**

□Project Map (as appropriate)

□Other critical documents (e.g. permits or permit applications)

**Instructions:** Once complete, send your cover letter, application, and budget worksheet to PPBEP (info@ppbep.org).

All applications must be received before 11:59 p.m. on July 31, 2025. Late submittals will not be considered.

Inquiries about the 2025-2026 Community Grant Application can be emailed to info@ppbep.org. Applicants should read the 2025-2026 Community Grant Request for Proposals in its entirety before applying.

Project Title:	
Fiscal Host Organization The Fiscal Host Organizati	Information on is the entity that will expend funds for reimbursement.
Fiscal Host Org	anization Name:
Fiscal Host Org	anization Address:
Description of I	∟ead Organization:
□501 c(3) □Educatio	nal Institution    Local Government (includes special districts)
	nation y vary depending on your organization (e.g., department head, off your organization's internal process to approve grant
Authorized Offi	cial's Name:
Authorized Offi	cial's Title:
Authorized Offi	cial's E-mail:
Authorized Offi	cial's Phone:
	s the person that will be the main project lead and point of contac cipal Investigator is different than Fiscal Host Organization's
Principal Invest	igator's Name:
Principal Invest	igator's Title:
Principal Invest	igator's E-mail:
Principal Invest	igator's Phone:
	t/Grants Dept. Information nent/Grants Dept. is the person that will be the point of contact for
Financial/Grant	s Dept. Contact Name:
Financial/Grant	s Dept Contact E-mail:

Financial/Grants Dept Contact Phone:

<b>Project Partners:</b> Please list the organization names and primary contacts, including phone numbers and emails, for partners that have agreed to be involved in the project.				
Project Abstract (250-word limit):				
Total Amount Requested (not to exceed \$75,000): \$				
Please explain how partial funding might impact or affect this project:				
Have you received a PPBEP grant before? ☐Yes ☐No				
If yes, what year(s)?:				
Matching Contributions Proposed:\$				

Type (in-kind, cash, etc.):
Proposed Project Start Date (earliest start date is October 1, 2025):
Proposed Project End Date (must be completed by December 31, 2026):
What city and county will the project take place in?
How did you hear about the Community Grant Program? Please select all that apply.
□PPBEP Newsletter □Partner Newsletter □Social Media □News
□Word of mouth □Website □ Other (please explain):
Required Permits, Approvals, and their status: Permits do not need to be complete at the time of application submission, however, state and federal permits can take months to obtain. We recommend beginning the process now and not waiting until notification of grant awards is issued. (if applicable, 100-word limit):
<b>Project Description:</b> Summarize the proposed project and include a brief overview of proposed project activities, outcomes, and how they will positively impact the health of Pensacola and/or Perdido Bays. (500-word limit)

only select the categories that are relevant to your proposal; a project does not need to address all categories to be eligible or selected for funding. (250-word limit)	
☐ Water Quality	
□Sedimentation	
☐ Habitat Restoration	
☐ Fish and Wildlife Conservation	
☐ Watershed Awareness and Education	
☐ Resilience	
☐ Participatory Science (involvement of community members in scientific	
monitoring/research)	

**CCMP Alignment:** Please select the proposal categories that your project will address and describe how the project will align with the Estuary Program's CCMP Action Plans. *Please* 

**Estuary Impact:** Describe how the project activities will impact the community and target bay issues that result in restoration, enhancement, or protection of the bay systems and associated watersheds. State how the project will address one or more of the proposal categories identified in the RFP (250-word limit).

<b>Community Impact:</b> Please list organizations, groups, volunteers and/or partners that will participate in the activities and explain how you will recruit them, if applicable. PPBEP recommends letters of support from all partners/cooperators in the project. How many people do you estimate your project will reach? (400-word limit)
Project Approach: Clearly state the approach, methods, and analyses that will be used to accomplish the proposed project. Describe the proposed timing, deliverables, and measurable resource benefits identified for each phase of the project. When structuring project phases, please consider that payment will only be made upon the completion of a phase, following documentation that the defined measurable resource benefit and match requirement have been met.
Please select the project approaches that your proposal will utilize (a project does not need to utilize all approaches to be eligible or selected for funding):
$\square$ Research (that informs management and restoration efforts)
☐ Restoration
☐ Education & Outreach
$\square$ Participatory Science (involvement of community members in scientific
monitoring/research)

Task Timeline and Deliverable	es:	

Project Approach Summary (500-word limit):



