PROJECT APPLICATION SUMMARY SHEET

1. Project Title: (Limit 55 characters)

2. Project Category: (Select one)

3. Project Type: (Select one)

4. Applicant Entity and Address
Entity:
Address 1:
Address 2:
City: State:
9-digit ZIP:

5. Project Duration (in months):
Project Completion Date:

6. Primary County where project is located:
7. Other Counties where project is located: (if none, enter n/a)

8. Project Manager:
Title:
Phone:
E-mail:

For the primary project location:
10. US Congressional District #:
11. State Senate District #:
12. State House District #:

9. Fiscal Manager:
Title:
Phone:
email:

13. Registered in System for Award Management (SAM)? Yes ☐ No ☐
14. UEI#: (12 digits)
15. Total Project Cost: $ = 100 %
16. OCMP Share (Grant): $ = ___ %
17. Applicant Share (Match): $ = ___ %

18. Remit To Address:
Entity:
Address 1:
Address 2:
City: State: Zip:

'Remit To' should be filled in if different from the Applicant Entity Address (Section 4). This is the address that will be used when sending reimbursement payments; please make sure this is correct.

19. Name and Title of Authorizing Official*:
Name:
Title:
Phone:
Email:

*"I have read and accept the terms of the Ohio Coastal Management Assistance Grant FFY 2025/SFY 2026 Full Application Guidance document."
(Must be a signatory with the authority to commit the applicant organization and also to certify the veracity of all information submitted, including supplemental forms.)

Deadline for receipt of this application is 11:59pm on Sunday, December 20, 2026

Please submit completed applications to coastal.grants@dnr.ohio.gov

1. Project Description

a. Describe specifically how the requested funds will be spent. Include relevant background information, **but be specific on what part, if not all, of the project will be funded by CMAG funds ONLY.**

b. List **specific outcomes/deliverables** that will be supported by the requested CMAG funds **ONLY**. (if the project is funded by multiple sources, do not list any outcomes funded through sources other than CMAG funds).

c. Identify all partners who will be involved in the proposed project and provide brief details of their role(s).

2. Impact on Coastal Resources:

a. List one to three concise benefits to public access, water quality, habitat, or other coastal resource resulting from this specific project.

b. Describe the anticipated measurable outcomes resulting from this project (use specific numbers. i.e., acres restored/protected, training events, number of public access sites enhanced/created, number of policies created, etc.)

3. Methodology and Timetable:

a. List the steps that will be taken to accomplish each outcome/deliverable listed in Section 1.b. , along with an estimated completion date (month/year) for each task.

b. Describe how the project will include public participation and how the final outcomes/deliverables will be distributed (i.e., journal article, social media, website, etc.).

4. Match Description: Describe the source of the non-federal matching funds provided for this project.

5. Project Coordinates:

If your project is site-specific, include the latitude and longitude coordinates of the site entrance location.

If your project is not site-specific, provide the coordinates for the applicant office location.

These coordinates can be obtained from web-based mapping services such as Google Maps or Bing Maps.

Example:
ODNR Office of Coastal Management
1031 Pierce Street, Suite F
Sandusky OH 44870

Latitude: 41.437794 N
Longitude: -82.714319W

Your project coordinates in decimal degree format:

Latitude		Longitude	
	N		W