

Date Received: _____

For Office Use Only

Group Eligibility: _____

TAG Number: _____

Project Priority: H M L

Technical Assistance Request Form

Please fill in the following form as completely as possible. Feel free to use another page to describe the type of assistance you require. Providing as much detail as possible will assist us in helping you quickly.

Name of Your Organization or Municipality: _____

When was your group formed? _____ Approx. Membership: _____

Name/Title of Contact Person: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Do you have 501(c)(3) (incorporated non-profit) status? Yes No Don't know

What stream or watershed area requires the technical assistance (watershed, county or counties, townships, or other geographical description of your area): _____

1. What kind(s) of technical assistance do you require (check all that apply and describe on back)?

- Rapid Characterization of Mine Drainage (a review of existing data and a one-day field visit resulting in a short report of findings and recommendations)
- Rapid Watershed Snapshot / Assessment
- Conceptual Design of Passive Treatment System
- Construction Oversight of Passive Treatment System
- Existing Passive Treatment System Evaluation and Recommendations
- Empowering Your Group to Address AMD
- Other Mine Drainage Assistance: _____

2. What information on your watershed already exists (check all that apply)?

- Stream Restoration/Management Plan
- Rivers Conservation Plan
- Project Scarlift Report
- TMDL Study
- Other Reports describing mine discharges or the watershed (describe on back)
- Water Quality Data (please describe type and condition of data on back)
- GIS mapping
- Other: _____

3. Has your group ever received a Growing Greener, 319 Program, WAG or Source Water Protection Grant?

No Yes (List Grants on back)

4. Are you requesting technical assistance to complete or improve a project that has already been funded?

No Yes (If yes, indicate funding source _____)

5. Are you requesting technical assistance that is necessary to implement recommendations in your watershed restoration plan, protection plan or Rivers Conservation Plan?

No Yes (If yes, what is the name of the plan _____)

6. Are you requesting technical assistance that must be completed in order for your group to apply for other grant funds?

No Yes Funding Source: _____
Funding Application Deadline Date: _____
(Please describe the project you will be applying for below.)

7. Will your group be able to provide monetary matching or in-kind assistance (for instance, assist with watershed sampling, gathering existing information, etc)?

No Yes If Yes, Describe: _____

Please provide additional comments below (indicate question number from above if applicable):

Please mail the completed form to:
Trout Unlimited Technical Assistance
Attn: Amy Wolfe
PO Box 27
Mill Hall, PA 17751