



**North Carolina Department of Environmental Quality
Division of Water Resources
Aquatic Weed Control Grant Application**



Please complete the application in its entirety.

A. Applicant Information		
Applicant/Entity Name:		
Applicant Type:		
<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Public Utility	<input type="checkbox"/> Academic Institution	
<input type="checkbox"/> Other Eligible Entity (Specify):		
Address:		County:
City/Town:	State:	Zip Code:
Contact Person:	Title:	
Telephone:	Email:	

B. Project Eligibility*
<p>1. Project Name:</p> <p>2. Project Location:</p> <p>3. The specific waterbody in which the proposed project will occur (if applicable):</p> <p>4. Indicate the targeted aquatic weed species from the Noxious Aquatic Weed List (15A NCAC 02G .0602):</p> <p>5. Acknowledge that the applicant will fund no less than 50% of the project cost and that full obligation for project cost share will be assumed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Anticipated benefits from the project will include:</p> <p><input type="checkbox"/> Protect and preserve human health (describe):</p> <p><input type="checkbox"/> Protect public safety (describe):</p> <p><input type="checkbox"/> Protect the beneficial use of the water(s) of the state (describe):</p> <p><input type="checkbox"/> Prevent injury to property (describe):</p> <p><input type="checkbox"/> Prevent injury to beneficial plant and animal life (describe):</p> <p>7. Provide the scope/description of the project:</p> <p>* Additional information can be attached to the application if necessary or if additional space is required.</p>

C. Application Review and Approval
<p>Application shall be submitted as an email attachment sent to: aquaticweeds@ncdenr.gov or mailed to: Attn: Aquatic Weeds Control Program, Division of Water Resources, 1611 Mail Service Center, Raleigh, NC, 27699-1611.</p> <p>To be eligible for funding, applications must be received no later than October 15 of the year prior to when the project will occur (e.g., for projects beginning in 2025, the application must be received no later than October 15, 2024).</p>

_____ Applicant's Printed Name	_____ Applicant's Signature	_____ Date
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For questions regarding the application or review and decision process, contact the Division of Water Resources Aquatic Weeds Control Program at aquaticweeds@ncdenr.gov or 919-707-9012.

FOR OFFICE USE ONLY Date Received: ___/___/___ Reviewed by NCAWCC: ___/___/___ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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