



604(b) FY25 Funding Announcement for Water Quality Management Planning

The Arizona Department of Environmental Quality (ADEQ) is pleased to announce funding opportunities for the 604(b) Water Quality Management Program for State Fiscal Year FY2025. Project proposals should be focused on water quality management planning, not projects on-the-ground. Funding is available in the amount of \$168,000. As the funds are reimbursement based, monthly or quarterly reporting is required. Eligible entities include: regional planning agencies, council of governments, counties, conservation districts, and cities and towns. ADEQ is seeking project proposals from eligible applicants that can address the following criteria:

- Low Impact Development
- Improving stormwater systems
- Determining ways to expand green infrastructure programs
- Determining the nature, extent and causes of point and nonpoint source water pollution problems, and developing plans to resolve these problems.

See the attached application. Please submit the application to Julia A. Rowe, AZPDES Individual Permits Unit – rowe.julia@azdeq.gov or for more information 520.628.6721.



Water Quality Planning Program
604(b) Funds Application Form

Project Summary			
Project Title:			
Project Description:			
(Provide an abstract that briefly describes the project) Limit: 500 characters. Please identify the end product(s) for the funding submittal.			
Authorizing Agency			
Name:			
Address:			
City:	State:	Zip Code:	
Authorizing Agency Contact			
Last Name:		First Name:	
Title:	Phone #:	Fax #:	
E-mail:			
Project Manager			
Last Name:		First Name:	
Title:	Phone #:	Fax #:	
E-mail:			
City/County/Nearest Waterbody:			
Project Costs			
Total project Cost:			
Funds Requested:			
(If applicable or not required) Other Funds:			

What water quality problem(s) are you trying to address with these funds? Identify the causes and sources of pollutants impacting the project area. Limit 2500 characters

Scope of Work

- Briefly describe the planning strategies and tactics to reach the project goal. Provide reference to any existing or previous planning efforts in the project area. Limit: 5000 characters

Key Personnel & Partnerships

- Describe the roles and responsibilities of positions for this project. Include the overall salary and rate for each position. Limit: 1000 characters.

- Provide a brief summary of qualifications for individuals filling a position. If individuals have not yet been identified, describe the qualifications that will be used for an individual. Limit 1000 characters.

Project Budget

- Please use the form below to develop a budget based on the anticipated costs for completing the project within the proposed time schedule. You may add an attachment for this if your varies from the one below.

Expenses Name	604(b) Amount	Cost Share (not required)	Total Amount
Salaries			
Sub-contractual Services			
Equipment			
Supplies (including printing, mailing)			
Travel (mileage current rate only)			
Total Amount			

Work Plan Steps & Expenditure Projections

- Develop a work plan with a series of steps and associated dates that are necessary to complete the plans. Each step must have a milestone that provides a description of what will be accomplished. Develop an expenditure projection for a monthly or quarterly basis depending on reporting periods. These projection are an estimate of expenses and are flexible, but should account for the total expenditure for the life of the project. Work plan and expenditure projections must be developed as part of the application.

Tasks	Months											
	01	02	03	04	05	06	07	08	09	10	11	12
Task 1:												
Task 2:												
Task 3:												
Task 4:												
Task 5:												
Task 6:												
Task 7:												
Task 8:												
Task 9:												

Project Insurance Coverage Quote

- Providing proof of insurance coverage for your project is necessary upon award. **Applicants must provide a quote for insurance coverage prior to grant award.** If you need assistance with contacting an insurance company to obtain required coverage for your project you may contact: <https://insurance.az.gov/contact-us> or (602) 364-3100, for assistance with insurance companies in your area.

Initials:

Authority Signature Page

The undersigned hereby offers and agrees to perform in compliance with all terms, conditions, specifications, and scope in this funding application. Signature certifies understanding and compliance with the application attached hereto. ADEQ may approve the grant application and modifications to scope, methodology, schedule, final projects and/or budget.

Authorized Signature: _____ Date: _____

Printed Name: _____