Galveston Bay Estuary Program

FY 2025 NRU Project Proposal

**Please complete the proposal form and submit to the appropriate Subcommittee Coordinator (end of form) by August 4, 2023. No late submittals will be considered for funding.**

**SECTION ONE: GENERAL INFORMATION**

**Subcommittee**:

[Please input.]

**Project Name**:

Project Previously Funded by GBEP? Yes  No

[Please input.]

**Lead Implementer**:

[Please also indicate entity category (state, local, public university, nonprofit, etc.).]

|  |  |  |
| --- | --- | --- |
| Federal, State, or Local Government | Council of Government | Public ISDs or Universities |
| Nonprofit | Other\* |  |

\* If lead implementer not listed above, the proposing party will need to partner with an interlocal/interagency entity to be selected for funding. Please reach out to GBEP staff with any questions.

**Contact Information**:

|  |  |
| --- | --- |
| Project Representative Name |  |
| Project Representative Phone |  |
| Project Representative Email |  |

**Amount Requested**:

Is the project scalable?

[$]

**Amount Requested per year (if applicable)**:

|  |  |
| --- | --- |
| FY 2025 (09/01/2024-08/31/2025) | $0.00 |
| FY 2026 (09/01/2025-08/31/2026) | $0.00 |
| FY 2027 (09/01/2026-05/31/2027) | $0.00 |
| **Total** | $0.00 |

**Total Project Cost**:

[$]

Is this an estimate?

**Project Duration (beginning no earlier than September 1, 2024 – 2.5-year maximum project length)**:

[months or years, as applicable.]

**Project Urgency**:

[Please indicate the need for receiving funding during this cycle; such as loss of other funding secured, loss of opportunity to implement project, potential of breach, etc.]

**Leveraging (in-kind and/or cash)**:

|  |
| --- |
| [Please indicate source, amount, and status (secured, potential, etc.)] |

**Partners and Their Roles**:

[Please identify project partners and detail what roles they will play in project implementation.]

**SECTION TWO: *GALVESTON BAY PLAN, 2ND EDITION* IMPLEMENTATION**

*Galveston Bay Plan, 2nd Edition References*

<https://gbep.texas.gov/ensure-safe-human-and-aquatic-life-use/>

<https://gbep.texas.gov/protect-and-sustain-living-resources/>

<https://gbep.texas.gov/engage-communities/>

<https://gbep.texas.gov/inform-science-based-decision-making/>

[Please state how the project implements actions of the Living Resources Action Plans selected. Please cite other specific action items, if applicable.]

[**Galveston Bay Plan**](https://gbep.texas.gov/galveston-bay-plan/) **Priority Area Actions Addressed:**

Plan Priority 2: Protect and Sustain Living Resources

|  |  |  |  |
| --- | --- | --- | --- |
| HC-1 | HC-2 | HC-3 |  |
| SC-1 | SC-2 |  |  |
| FWI-1 | FWI-2 | FWI-3 |  |

**Plan Priority Area Actions Detail:**

|  |
| --- |
| [Please state the action and output addressed and how the project contributes to implementing the output.] |

**Does the project implement any other Galveston Bay Plan Priority Area Actions, or the other Subcommittee priorities**?

WSQ (Ensure Safe Human and Aquatic Life Use)

PPE (Engage Communities)

M&R (Inform Science-Based Decision Making)

**Other Subcommittee Detail:**

[Please explain in detail how project addresses other Galveston Bay Plan Priority Area Actions (be specific; NPS-1, SPO-3, etc.) or subcommittee priorities.]

**Other Plans Implemented**:

[Texas Coastal Management Plan, Texas Coastal Resiliency Master Plan, Texas Wetland Conservation Plan, GCJV Conservation Plans, etc.]

**SECTION THREE: SUBCOMMITTEE PRIORITIES**

**NRU Subcommittee Identified Priorities**

***Proposals must address one or more of the following actions****:*

Habitat Acquisition

Enhancement of Existing or Ongoing Restoration/Conservation Efforts

Special emphasis on projects addressing geotubes failing across West Bay through design and/or construction

Benefit to Native Fish and Wildlife, including Federal and State Listed Species, Species of Greatest Conservation Need, or Nongame Wildlife

Special emphasis on projects addressing seagrasses, intertidal reef/shell hash, and benthic communities

Brings Funding, Work Leverage, or Multiple Goal Benefits to the Subcommittee

Project Urgency: Project must be completed in next 24 months or opportunity is lost

**Subcommittee Priority Detail:**

[Please explain in detail how project addresses priorities selected. Attachments may be submitted via email in conjunction with this application.]

**Does the Project work with new, smaller communities/partnerships?**

Yes

No

|  |
| --- |
| [TBD.] |

**SECTION FOUR: PROPOSAL DETAILS**

**Project Summary**:

[In 1-2 sentences, please describe the objective of your proposal.]

**Full Project Description (1,000 words or less)**:

|  |
| --- |
| [In 1,000 words or less, please provide a summary of the scope of your proposal.] |

**Latitude/Longitude (Optional)**:

[degrees, minutes, and seconds format]

**Location**:

[Description of area(s) of Galveston Bay watershed addressed by proposal]

**Projects Map**

[Insert Map Here or Attach as an Appendix if Applicable]

**Supplemental Photos/Graphics (Optional):**

[Insert Here or Attach as an Appendix]

**SECTION FIVE: BUDGET DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET CATEGORIES:** | **Budget** |
| a. | Personnel/Salary |  |
| b. | Fringe Benefits |  |
| c. | Travel |  |
| d. | Supplies |  |
| e. | Equipment |  |
| f. | Contractual |  |
| g. | Construction |  |
| h. | Other\* |  |
| i. | Total Direct Costs (Sum a - h) |  |
| j. | Indirect Costs |  |
| k. | Total (Sum of i & j) |  |

**\*Other**: If Budget Category “Other” is greater than $25,000 or more than 10% of budget total, identify the main constituents:

**Indirect Cost Agreement**

**Indirect Cost Reimbursable Rate**: The reimbursable rate for this Contract is % of (check one):

**salary and fringe benefits**

**modified total direct costs**

**other direct costs base**

**If other direct cost base, identify:**

**This rate is less than or equal to (check one):**

**Predetermined Rate—an audited rate that is not subject to adjustment.**

**Negotiated Predetermined Rate—an experienced-based predetermined rate agreed to by Performing Party and TCEQ. This rate is not subject to adjustment.**

**Default rate—**a standard rate of ten percent of salary/wages may be used in lieu of determining the actual indirect costs of the service.

[Insert Indirect Cost Agreement or Attach as an Appendix if Applicable]

**Please Submit Project Proposals (Microsoft Word Only – No PDFs) by**

**August 4, 2023 to:**

WSQ Subcommittee

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NRU Subcommittee

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PPE Subcommittee

[Kari.Howard@tceq.texas.gov](mailto:Kari.Howard@tceq.texas.gov)

M&R Subcommittee

[Cassandra.Taylor@tceq.texas.gov](mailto:Cassandra.Taylor@tceq.texas.gov)