



Iowa Department of Natural Resources
Professional Development Assistance Program
Application and Guidelines

FORM A
PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

Project Title: _____

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

PO Box: _____

City/State/Zip: _____

Contact Person: _____

Telephone Number: _____ Email Address: _____

Applicant Type:

☐ Local Government

☐ K-12 school, College, University

☐ Non-Profit Organization/Association

Amount of Funding Requested: \$ _____

Amount of Applicant Cash Match Committed: \$ _____

Total Project Cost: \$ _____

Signature: _____

Title: _____ Date: _____

FORM B
PROJECT NARRATIVE

PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

Follow outline - use headings

On this and separate sheets of paper, in five (5) pages or less, address the evaluation criteria as noted on page 7.

PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

Applicant Name: _____

[illegible]

FORM D
BUDGET SUMMARY SHEET

PROFESSIONAL DEVELOPMENT ASSISTANCE PROGRAM

Applicant Name: _____

ITEM AND QUANTITY	DNR REQUEST	LOCAL SHARE	TOTAL
TOTAL			

Applicants shall submit a budget narrative that details specific budget line items and their role in the project.

Note: All eligible expenses for hosting a workshop, conference, training or similar event will be funded at no more than 75% and applicants are required to provide a minimum 25% cash match for each eligible budget line item.

In the case of registration and travel requests related to attending conference, training, workshop or similar events, funding shall not exceed 50% of the total cost.

Receipts/invoices are required for reimbursement of approved costs.

Travel advances are not eligible.

MINORITY IMPACT STATEMENT

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

- ☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title: _____

Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

b. As used in this subsection:

(1) “*Disability*” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“*Disability*” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

APPLICANT DISCLOSURE

The Applicant must provide the following information. This is a continuing disclosure requirement from application submittal through agreement end date (if funding is awarded).

1. During the last three (3) years, has the Applicant received written notification from a state agency that a debt is owed to a state agency or a debt is being enforced through the Income Offset Program (including the state child support recovery unit if the Applicant is an individual) that will in any way impact receipt of monies awarded through this program? ☐ Yes ☐ No

If yes, provide the date by which the Applicant will or has satisfied debts owed to or being collected by the state.

2. During the last three (3) years, has the Applicant had a contract for goods and/or services terminated for any reason, or has the Applicant received a notice of breach, notice of default, or similar notice?

☐ Yes ☐ No

If yes, provide full details related to the termination or notice.

3. During the last three (3) years, describe any damages or penalties or settlements pertaining to contract disputes under any of the Applicant's existing or past contracts as it relates to goods and/or services performed that are similar to the goods and/or services contemplated by this application. If so, indicate the reason for the penalty, damages or exchange of property, goods, or services and the estimated amount of the cost of that incident to the Applicant.
4. During the last three (3) years, list and summarize all litigation, threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party. Any such matter commencing after submission of an application, and with respect to the successful Applicant after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department's contract officer.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____