



## **WV Stream Partners Program**

### **Eligibility Criteria for First Year Applicants**

*The information on this form will determine your organization's eligibility for the WV Stream Partners Program. If you are eligible your grant application will be scored and ranked against all other applicants and is not guaranteed to be awarded.*

**Grant Year:**

**Contact Person:**

**Email:**

**Mission Statement:**

**Organization Name:**

**Address:**

**Phone Number:**

### **Unique Entity Identifier (EUI) from SAM.gov**

Note: If your organization is not a 501 C (3) you must provide the following information for the organization that will be financially responsible and receive the grant funds.

Organization Name:

Contact Person:

Address:

E-mail:

Phone Number:

EUI:

**Current Executive Committee Members:** (name, mailing address, e-mail, and phone number)

### **Stream to be Restored, Protected, Utilized or Enhanced**

Stream/Creek/River Name:

Watershed:

WV County or Counties that the watershed flow through:

Issues that affect the health of the watershed:

**List partners to your group:**

**Submit to [Callie.C.Sams@wv.gov](mailto:Callie.C.Sams@wv.gov) to determine eligibility.**