

2020 AML Economic and Community Development Pilot Program Application

*ALL fields must be completed for the application to be accepted. Supplemental attachments may be used to provide project details.

**Stating "See Attached" in the fields will not be accepted.

PROJECT NAME:
PROJECT ADDRESS/LOCATION:
e-AMLIS IDENTIFICATION:

APPLICANT

Name	Agency	Telephone Number	E-mail address	
Street or P. O. Box	City	County	State	ZIP Code
			WV	

CONTACT PERSON

Name	Firm/Agency	Telephone Number	E-mail address	
Street or P. O. Box	City	County	State	ZIP Code

BRIEF SUMMARY OF PROJECT (NOT TO EXCEED SPACE PROVIDED)

MAPPING OF PROJECT AREA WITH CONCEPTUAL DESIGN/LAYOUT (Attach). MAPS SHOULD INCLUDE AERIAL OR GOOGLE, TOPO, AND FLOOD MAPS WITH PROJECT LOCATION.

LIST OF COUNTIES TO BE SERVED

Number of Clients Served	Project Period
	From: To:



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DETAILED DESCRIPTION OF PROJECT
(Attach a separate sheet if necessary)

ECONOMIC DATA ON THE AREA SURROUNDING THE PROPOSED PROJECT LOCATION. PLEASE INCLUDE SOURCE/S OF DATA. (Attach a separate sheet if necessary)

PROJECT'S COLLABORATIVE PARTNERS ALONG WITH A DESCRIPTION OF THE NOTICE, INPUT, CONSULTATION AND COLLABORATION THAT HAS TAKEN PLACE (Attach a separate sheet if necessary)

DESCRIPTION OF THE CONSTRUCTION (NOT RECLAMATION) TO TAKE PLACE AND THE ESTIMATED COST OF THAT CONSTRUCTION (Attach a separate sheet if necessary)

DESCRIPTION OF THE AML RECLAMATION TO TAKE PLACE AND THE ESTIMATED COST OF THAT RECLAMATION (Attach a separate sheet if necessary)

DESCRIPTION OF THE ECONOMIC AND COMMUNITY DEVELOPMENT END USE IN MIND FOR THE PROJECT (Attach a separate sheet if necessary)

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DESCRIPTION OF THE LONG TERM BENEFITS THAT WILL BE PROVIDED TO A LOCAL ECONOMY AND/OR TOWARDS COMMUNITY DEVELOPMENT, INCLUDING AN IDENTIFICATION OF THOSE BENEFITS THAT WOULD NOT HAVE BEEN PROVIDED BUT FOR THE AML PILOT. ADD SOURCE/S OF ANY DATA. (Attach a separate sheet if necessary)

ANY OTHER REVELANT INFORMATION THAT DEMONSTRATES THE PROJECT MEETS THE INTENT AND PURPOSES OF THE AML PILOT (Attach a separate sheet if necessary)

FINANCING

Include all funding amounts and sources. Please complete all appropriate columns and specify whether funds are Approved, Pending or currently under Negotiation.

Source	Planning & Operations	Construction & Renovation	Equipment	Total	Percent	Status of Funds
AML Pilot						
AML Regular						
Local						
In-Kind						
Other Federal Funds:						
TOTAL						

*Please provide a separate, detailed budget for all Pilot Grant expenditures

ANTICIPATED PROJECT TIMELINE DATES

PHASE	COMMENCEMENT	COMPLETION

NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

Signature, Chief Executive Officer	Title
Name Typed	Date

Send completed application to : Travis Parsons, Planning Administrator, Abandoned Mine Lands & Reclamation
 WV Dept. of Environmental Protection, 601 57th Street, SE, Charleston, WV 25304, 304-414-1185, travis.g.parsons@wv.gov