# NEIWPCC 303(d)/TMDL Webinar Series - Budget Request Form

## Applicant Information

**Name**: Name of Primary Presenter

**Organization**: Organizational Affiliation

**Address**: Street

**City**: City **State**: State **Zip**: Zip

**Telephone**: **(000) 000-0000** **Email**: Email address

[**Disadvantaged Business Enterprise?**](https://www.epa.gov/grants/disadvantaged-business-enterprise-program-requirements)Yes No

## Task-Based Budget

|  |  |  |
| --- | --- | --- |
| **Task name** | **Task Description** | **Cost** |
| Task | Brief description of activities and outputs for this task. | $0.00 |
| Task | Brief description of activities and outputs for this task. | $0.00 |
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| **Total funds requested:** | | $0.00 |

Funding will be awarded in one payment after the webinar has been presented.