

**TERRY HUSSEMAN
COASTAL PROTECTION ACCOUNT-WATER QUALITY
APPLICATION FORM**

Name of proposed project: _____

Amount Requested: \$ _____

Total Project Cost: \$ _____

Approved funding level: _____%

Applications are due to Ecology by March 16, 2007. Projects are effective upon Ecology's signature. Recipients should plan for an effective date of no sooner than July 1, 2007. Project activities conducted prior to the effective date of the grant are ineligible for reimbursement. At the latest, all grants are anticipated to expire on June 30, 2008.

Ecology's Project Sponsor (name, title, phone number; e-mail address): _____

Recipient Name: _____

Recipient Project Manager: _____

Recipient Address: _____

Recipient Telephone Number: _____

Recipient FAX Number: _____

Recipient Billing Contact: _____

Recipient Billing Address (if different): _____

Recipient Phone Number: _____

WRIA where activity will occur: _____

Legislative District: _____

Congressional District: _____

County where project will occur: _____

Recipient Federal Tax ID: _____

Name and title of person signing the grant: _____

In order to meet eligibility requirements, all proposed project must be ready to proceed. Please attach the following to demonstrate readiness:

- * Description of the project
- * Photos of project location
- * Timeline (use attached format)
- * Plans and/or design documents (when applicable)
- * Budget (use attached format)

Identify the category that best describes your proposal (check one):

- Restoration Prevention/Protection Monitoring

Please check the criteria on this page (in one column only) that apply to the category you have selected. Provide evidence with your application to support each box checked.

RESTORATION	PREVENTION/PROTECTION	MONITORING
<input type="checkbox"/> Proposal is eligible for grant funding. <input type="checkbox"/> Proposal matches other resources with grant funding for greater results. <input type="checkbox"/> Proposal has broad local support. <input type="checkbox"/> Proposal is part of implementing a TMDL. <input type="checkbox"/> Proposal is part of implementing an approved Watershed plan. <input type="checkbox"/> Proposal implements a component of an updated Shoreline Master Program Restoration Plan. <input type="checkbox"/> Proposal for stream rehabilitation project has analyzed watershed hydrology and stream hydraulics. <input type="checkbox"/> Proposal for stream rehabilitation project has been designed using the Stream Habitat Restoration Guidelines. <input type="checkbox"/> Proposal for off site stock watering includes exclusionary fencing. <input type="checkbox"/> Proposal includes a monitoring plan.	<input type="checkbox"/> Proposal is eligible for grant funding. <input type="checkbox"/> Proposal matches other resources with grant funding for greater results. <input type="checkbox"/> Proposal has broad local support. <input type="checkbox"/> Proposal is part of implementing a TMDL. <input type="checkbox"/> Proposal is part of implementing an approved Watershed plan. <input type="checkbox"/> Proposal implements a component of an updated Shoreline Master Program Restoration Plan. <input type="checkbox"/> Proposal is to form a natural resource management district. <input type="checkbox"/> Proposal for off site stock watering includes exclusionary fencing. <input type="checkbox"/> Proposal includes a monitoring plan.	<input type="checkbox"/> Proposal is eligible for grant funding. <input type="checkbox"/> Proposal matches other resources with grant funding for greater results. <input type="checkbox"/> Proposal has broad local support. <input type="checkbox"/> Proposal is part of implementing a TMDL. <input type="checkbox"/> Proposal is part of implementing an approved Watershed plan. <input type="checkbox"/> Proposal implements a component of an updated Shoreline Master Program Restoration Plan. <input type="checkbox"/> Proposal executes a formal monitoring plan. <input type="checkbox"/> Proposal executes a stream bioassessment project.

Recipient Project Manager's Signature: _____ Date _____

Recipient Project Manager's Printed Name: _____

Ecology Project Manager's Signature: _____ Date _____

EXHIBIT A-1

SCOPE of WORK

Project Title:

Project Location:

Project Description:

Statutory Criteria

How does this project meet the statutory criteria of environmental restoration and enhancement projects intended to restore or enhance environmental, recreational, archeological, or aesthetic resources for the benefit of Washington's citizens?

Project Tasks:

(Use outline format to provide detailed description of work.)

Task 1

1.1

1.2

1.3

Deliverable(s)

Estimated cost:

Due Date(s)

Task 2

2.1

2.2

2.3

Deliverable(s)

Estimated cost:

Due Date(s)

Task 3

3.1

3.2

3.3

Deliverables(s)

Estimated cost:

Due Date(s)

EXHIBIT A-2

Coastal Protection Account
BUDGET

BUDGET BY ELEMENT

1.	SALARIES**	\$ _____
2.	BENEFITS**	\$ _____
3.	CONTRACTED SERVICES	\$ _____
4.	TRAVEL	\$ _____
5.	EQUIPMENT	\$ _____
6.	GOODS/SERVICES	\$ _____
7.	OVERHEAD	\$ _____

TOTAL BUDGET BY ELEMENT \$ _____

*** Agencies may not be reimbursed from the coastal protection fund for the salaries and benefits of permanent employees for routine operational support.*

For equipment - please itemize

For Goods/Service - list major items

BUDGET BY TASK

1.	(XX)	\$ _____
2.	(XX)	\$ _____
3.	(XX)	\$ _____
4.	(XX)	\$ _____

TOTAL BUDGET BY TASK \$ _____

TOTAL REQUEST \$ _____