

**APPENDIX A**

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## APPENDIX A

### Proposal Application Form Instructions

All of the fields in the application form are required for all project types, except where only specific project types are noted. Any supplementary information (as summarized in Section 8 of this application) must be included at the end of this application. For forms and examples, please see Appendix B. An electronic version of the Application Form is available online at [www.dfg.ca.gov/nafwf/fishgrant.html](http://www.dfg.ca.gov/nafwf/fishgrant.html). To check a box, right click on the box and highlight "Properties". Click on the circle next to "Checked". Click "OK".

#### Section 1: Summary Information

1. Project type:	<i>Two-letter project code as described on page 3 (Introduction) and pages 11-21 (Section III).</i>
2. Project title:	<i>Brief, descriptive title. 72 character maximum.</i>
3. Applicant name:	<i>Name of organization, company or agency applying for grant.</i>
4. Contact person:	<i>Lead person to be contacted regarding project.</i>
5. Address:	<i>Street or P.O. Box for mail.</i>
6. City, State, Zip:	
7. Telephone #:	<i>Primary telephone number to reach contact person including area code.</i>
8. Fax #:	<i>Primary FAX number for contact person including area code.</i>
9. Email address:	
10. Type:	Public Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Indian Tribe <input type="checkbox"/>
11. OSBCR Certified Small Business?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify the industry group and Small Business Reference Number: See <a href="http://www.smallbusiness.ca.gov/content/QualifyForPrograms.shtml">www.smallbusiness.ca.gov/content/QualifyForPrograms.shtml</a> for more information.
12. New grantee:	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Amount requested:	<i>Amount requested from DFG, from budget detail.</i>
14. Total project cost:	<i>Sum of amount requested plus all matching funds and services, from budget detail.</i>
15. Salmonid species benefited:	Chinook <input type="checkbox"/> Coho <input type="checkbox"/> Steelhead <input type="checkbox"/> Cutthroat <input type="checkbox"/> <i>Select all salmonid species that will be directly benefited by the proposed project.</i>
16. Project objectives:	<i>Summarize specific measurable project objectives and expected results in a few sentences. Maximum of 526 characters.</i>
17. Task number:	<i>Refer to Statewide Plan Task Number located in the PSN, Section II. Page 9.</i>
18. Time frame:	<i>Provide estimated time line for project tasks from project initiation to completion.</i>
19. Stream:	<i>Name all streams which will be directly affected by the project.</i>
20. Tributary to:	<i>Name all streams directly downstream of the affected streams.</i>
21. Major watershed system:	<i>Name all major watersheds (Federal 8-digit Hydrologic Unit Code (HUC8), for example Mad-Redwood Watershed) that will be directly affected by the project. Refer to the online FRGP Map Viewer (<a href="http://imaps.dfg.ca.gov/FRGP/app.asp">http://imaps.dfg.ca.gov/FRGP/app.asp</a>) to locate the Federal HUC8 Watersheds – FRGP layers.</i>
22. County(ies):	<i>Name all counties in which the project work will take place.</i>
23. Coastal Zone:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See pages 8-9 (Section II).</i>
24. Trinity River Basin:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See pages 8-9 (Section II).</i>
25. Klamath River Basin:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See pages 8-9 (Section II).</i>

## **Section 2: Location Information**

1. Township, Range, Section:	<i>Please provide exact project location, using multiple coordinates if necessary.</i>
2. Latitude, Longitude (in decimal degrees):	<i>Please provide exact project location, using multiple coordinates if necessary.</i>
3. Location description:	<i>Provide a general description of the project location and the nature of the work site in relation to known landmarks, with reference to attached drawings and maps. Include the number of miles upstream of the mouth of the creek/river (mainstem) and number of miles upstream of a confluence (tributary).</i>
4. Directions:	<i>Provide driving directions to the project site, with needed landowner contacts and gate information.</i>

## **Section 3: Watershed Information**

1. Watershed name:	<i>Name major watershed(s) (Federal 8-digit Hydrologic Unit Code - HUC8), For example: Mad-Redwood Watershed affected by project.</i>
2. Watershed area:	<i>Watershed area in square miles within which the project is located.</i>
3. Watershed area directly affected by the proposed project:	<i>For PL and HU projects only.</i>
4. Land use statement:	<i>Describe current and anticipated future (next 5 years) land uses in the watershed.</i>
5. Project area ownership:	% Private_____ % State_____ % Federal_____ <i>Enter ownership percentages by type of ownership.</i>
6. Project area with landowners support of proposal:	<i>Provide information that you have made contact with landowners and that your proposal has their support.</i>
7. Watershed length of blue line streams:	<i>Length of blue line streams in the watershed, in miles.</i>
8. Length of blue line streams directly affected by proposal:	<i>In miles.</i>
9. Limiting factors to salmonids:	<input type="checkbox"/> Water quantity (lack of flow, diversions, runoff) <input type="checkbox"/> Water quality (temperature, chemistry, turbidity) <input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness, elements) <input type="checkbox"/> Excessive sediment yield (pool and gravel quality) <input type="checkbox"/> Spawning requirements (gravel, resting areas-pools) <input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools) <input type="checkbox"/> Estuary / lagoon issues (closure during migration periods) <input type="checkbox"/> Fish passage (emigration and immigration)
10. Source(s) of above information:	<i>List references which identify selected limiting factors.</i>

## Section 4: Project Objectives

1. List task(s) information (i.e. Task Number and task heading) from <a href="#">Coho Salmon Recovery Tasks</a> and <a href="#">Steelhead Trout Management Tasks</a> databases: <i>The above databases are available on-line at <a href="http://www.dfg.ca.gov/nafwb/CohoRecovery/tasks.asp">http://www.dfg.ca.gov/nafwb/CohoRecovery/tasks.asp</a> and <a href="http://www.dfg.ca.gov/nafwb/steelhead_tasks.asp">http://www.dfg.ca.gov/nafwb/steelhead_tasks.asp</a></i>	
2. Background and need for project:	<i>Justify the project need, with reference to local conditions, watershed plans, studies and other sources (page 7, Section II). Reference attached figures, tables, maps and photos if necessary.</i>
3. Known limiting factors addressed by project:	<input type="checkbox"/> Water quantity (lack of flow, diversions, runoff) <input type="checkbox"/> Water quality (temperature, chemistry, turbidity) <input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness, elements) <input type="checkbox"/> Excessive sediment yield (pool and gravel quality) <input type="checkbox"/> Spawning requirements (gravel, resting areas-pools) <input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools) <input type="checkbox"/> Estuary / lagoon issues (closure during migration periods) <input type="checkbox"/> Fish passage (emigration and immigration)
4. Limiting factor remediation:	<i>Describe how the project addresses each of the above limiting factors listed in #3 above.</i>
5. Additional objectives:	<i>Describe any additional objectives not described above.</i>

## Section 5: Project Tasks and Results

### 1. Detailed project tasks:

*See discussion of project description in PSN Section II, #1 on page 6.*

### 2. Deliverables:

*List and describe all reports, maps, databases and other products to be prepared and delivered to DFG. All completed projects will need to submit a Final Report as a deliverable. All PL, MD and MO projects need to submit detailed assessments/monitoring reports as project deliverables. Any project that creates/compiles GIS or GPS data will need to submit these as project deliverables on compact disc.*

### 3. DFG protocols to be used in project development and implementation:

- ☐ DFG California Salmonid Stream Habitat Restoration Manual  
List:
- ☐ DFG monitoring protocols for restoration project effectiveness and validation monitoring  
List:
- ☐ California Content Standards
- ☐ National Science Content Standards

### 4. Other protocols:

*If protocols other than those in the list above are to be used, list the protocols and explain why they were selected.*

**5. Expected quantitative result (project summary):**

*Expected results must be consistent with the performance standards as described in the Pacific Coastal Salmon Recovery Fund. These can be found at [http://webapps.nwfsc.noaa.gov/pcsrDoc/PCSRF\\_Performance\\_Measures.pdf](http://webapps.nwfsc.noaa.gov/pcsrDoc/PCSRF_Performance_Measures.pdf). If project occurs at more than one site summarize the results for the project as a whole. You must report the measurements in the units listed. Please also note that ALL projects should report the expected stream length treated or affected by the project (Quantitative Result a). The FRGP defines this stream length as either the project location reach length or for upslope projects, from the upstream most point of potential sediment delivery downstream to the mouth of the stream.*

<b>Quantitative Result</b>	<b>Units</b>	<b>Project Type(s)</b>	<b>Result</b>
a. Stream length treated or affected by habitat improvement projects	miles	All	
b. Workshop/training events	number	ED, TE	
c. Participants in workshop/training events/students educated	number	ED, TE	
d. Publications completed/distributed	number	ED, TE	
e. Schools/institutions reached	number	ED, TE	
f. Length of stream bank acquired/protected	miles	HA	
g. Area acquired/protected	acres	HA	
h. Barriers/blockages removed or modified (other than culverts)	number	HB, FL	
i. Stream length made more accessible by removing barriers other than culverts	miles	HB, FL	
j. Stream crossings/culverts improved for fish passage	number	HB, FL	
k. Stream length made more accessible by treating stream crossings	miles	HB, FL	
l. Length of instream habitat treated	miles	HI	
m. Instream habitat and/or bank stabilization structures to be installed	number	HI, HS	
n. Length of riparian stream bank treated (measure both sides of the bank, if appropriate)	miles	HR	
o. Riparian area treated	acres	HR	
p. Trees planted	number	HR	
q. Fencing length to be installed/repared	miles	HR	
r. Stream bank stabilized (measure both sides of the bank, if appropriate)	miles	HS	
s. Road length treated	miles	HU	
t. Watershed culverts treated	number	HU	
u. Sediment volume prevented from entering the stream	cubic yards	HU, HR	
v. Upslope area treated	acres	HU	
w. Number of stream miles (to .01 miles) monitored	number	MD, MO	
x. Public meetings	number	OR, PI	
y. Public meeting attendees	number	OR, PI	
z. Stream length assessed	miles	PL	
aa. Road length assessed	miles	PL	
bb. Area assessed	acres	PL	
cc. Juvenile fish produced	number	RE	
dd. Juvenile fish released	number	RE	
ee. Fish screens installed	number	SC	
ff. Flow rate of diversions treated	cfs	SC	
gg. Quantity of water protected by screens	acre-feet/year	SC	
hh. Flow of water (average or range) returned to or maintained in stream	cfs	WC, WP	
ii. Water flow gauges installed	number	WD	
jj. Amount of water leased/purchased	acre-feet	WP	

**6. Other products and results:**

*List and describe any other outcomes and results not described above.*

**7. Applicant's qualifications and experience:**

*Describe how you or your organization are qualified to perform the proposed work, based on your qualifications and experience (include qualifications of known subcontractor[s]).*

8. **Previously completed projects and outcomes under grant program:**

*Provide a list of projects (by FRGP grant number) funded by DFG FRGP and the outcome (e.g. completed as contracted, not completed, partially completed, etc.).*

**Section 6: Landowners, Access and Permits**

1. Landowners granting access for project: (Please attach provisional consent letter[s] as described in Section 8 of the application found in Appendix A): <i>List and reference attached access agreements. Also map ownerships on attached project maps and diagrams. See pages 4-7 (Section I) and sample forms on pages B2-B9.</i>	
2. Permits:	<i>List all government permits known to be needed to complete project. Have any of the needed permits been secured?</i>
3. Lead CEQA Agency:	<i>Lead CEQA agency for project, page 9 (Section II).</i>
4. Required Mitigation:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is the work in the proposed project required as mitigation pursuant to CEQA or other authority? Page 9 (Section II) Check and explain if yes.</i>

**Section 7: Project Budget**

1. **Summary Project Costs** (Please attach detailed budget[s]):

*Proposals must identify each cost share source, amount, and status of funding on table below. Example:*

Sources of Funds	Cash	In-kind (if applicable)	Status S,P,U (Secured, pending, unknown)	Anticipated award date	Total
Fisheries Restoration Grant Program	\$100,000				\$100,000
Other State Agencies <u>Name(s) and amount(s) of each:</u> ie. State Agency X, \$20,000 State Agency Y, \$30,000	\$50,000				\$50,000
Federal <u>Name(s) and amount(s) of each:</u>					
Applicant		\$2,000			\$2,000
Other Sources <u>Name(s) and amount(s) of each:</u>					
<b>Total</b>	<b>\$150,000</b>	<b>\$2,000</b>			<b>\$152,000</b>

2. **Estimated Project Cost by Task**

*If the proposed project contains more than one distinct project type (PSN, Section II, Number 2, Page 6), indicate the total amount requested, cost share, and total costs for each distinct task within the proposed project. Project types ED, TE, OR, & PL are not required to fill out this table.*

<b>Project Name</b>			
<b>Type of Work</b>	<b>Amount Requested</b>	<b>Cost Share</b>	<b>Total</b>
Riparian Planting	\$40,000	\$20,000	\$60,000
Fencing	\$60,000	\$32,000	\$92,000
<b>Total</b>	<b>\$100,000</b>	<b>\$52,000</b>	<b>\$152,000</b>

3. **Budget Justification**

*If needed, explain any unusual cost items or costs which will aid in the evaluation of the project. (Section I) Applicants must justify project costs in the project description. Project cost analysis will be based on costs for similar projects that have been implemented as well as on an assessment of proposed costs by FRGP staff.*

4. **Administrative Overhead**

*Provide justification if administrative overhead is greater than 10%.*

**Note:** *Administrative Overhead costs are typically associated with functions that support an entire organization and are proportionately shared or spread across the organization. This might include a portion of general clerical support, office support, budget/accounting, payroll, purchasing, general supervision, and a portion of related materials and supplies costs.*

## **Section 8: Supplemental or Specialized Information**

In the order listed below, please attach the following required items to the application, as appropriate to the proposal project type:

- ☐ 1. Detailed budget (See examples and instructions in Appendix B.  
(All Project Types)
- ☐ 2. Scaled plan view diagram. See example in Appendix B.  
(Project Types: CF, FL, FP, HB, HI, HR, HS, HU, PM, SC, WC, WD)
- ☐ 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.  
(All Project Types except: AC, ED, OR, PI, PL, TE)
- ☐ 4. Watershed map. See example in Appendix B.  
(Project Types: HU, MD, MO, OR, PI, PL, WP)
- ☐ 5. Landowner provisional consent letter. See examples in Appendix B.  
(All projects where access is necessary for completing any component of the project except AC.)
- ☐ 6. Written eligibility certification from CDF.  
(Project Type: CF)
- ☐ 7. Evaluation plan.  
(Project Types: ED, TE)
- ☐ 8. Materials list  
(Project Type: ED)
- ☐ 9. Status report (existing projects only).  
(Project Types: OR, PI)
- ☐ 10. 5-year management plan (new projects only).  
(Project Type: RE)
- ☐ 11. Outline of a Quality Assessment/Quality Control Plan.  
(Project Types: MD, MO)
- ☐ 12. Land acquisition/easement information documentation.  
(Project Type: HA)
- ☐ 13. Copies of photographs of property.  
(Project Types: HA)
- ☐ 14. Regional Assessor's and site-specific map  
(Project Type: HA)
- ☐ 15. Narrative appraisal  
(Project Type: HA)



## Supplemental Information Checklist by Project Type

(Please refer to the item numbers above)

Project Type	Item Number	Project Type	Item Number
AC	1, 4	MO	1, 3, 4, 5, 11
CF	1, 2, 3, 5, 6	OR	1, 4, 5, 9
ED	1, 5, 7, 8	PI	1, 4, 5, 9
FL	1, 2, 3, 5	PL	1, 4, 5
FP	1, 2, 3, 5	PM	1, 2, 3, 5
HA	1, 3, 5, 12, 13, 14, 15	RE	1, 3, 5, 10
HB	1, 2, 3, 5	SC	1, 2, 3, 5
HI	1, 2, 3, 5	TE	1, 3, 5, 7
HR	1, 2, 3, 5	TW	1, 2, 3, 5
HS	1, 2, 3, 5	WC	1, 2, 3, 5
HU	1, 2, 3, 4, 5	WD	1, 2, 3, 5
MD	1, 3, 4, 5, 11	WP	1, 3, 4, 5

## Suggested Standards for Proposal Development

### Current Acceptable Protocol List:

(Other protocols may be approved upon review by DFG)

DFG's *California Salmonid Stream Habitat Restoration Manual* (Available from the Fisheries Branch, 916-327-8840 or via Internet at: <http://www.dfg.ca.gov/nafwb/manual.html>)

- A. Habitat typing
- B. Channel typing
- C. Riparian / LWD survey
- D. Spawner survey form (Page IV-11)
- E. Electrofishing form (Page IV-16)
- F. Part VII Implementation Methods
- G. Part VIII Evaluation and Monitoring Methods
- H. Part IX Fish Passage
- I. Part X Upslope Assessment and Restoration Practices
- J. Part XI Riparian Habitat Restoration

# Proposal Application Form

(Pages A9-A14)

For DFG use only	
Proposal No.	Region

## Section 1: Summary Information

1. Project type:	
2. Project title:	
3. Applicant name:	
4. Contact person:	
5. Address:	
6. City, State, Zip:	
7. Telephone #:	
8. Fax #:	
9. Email address:	
10. Type:	Public Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Indian Tribe <input type="checkbox"/>
11. OSBCR Certified Small Business?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If <b>yes</b>, specify the industry group and Small Business Reference Number: _____</i>
12. New grantee:	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Amount requested:	
14. Total project cost:	
15. Salmonid species benefited:	Chinook <input type="checkbox"/> Coho <input type="checkbox"/> Steelhead <input type="checkbox"/> Cutthroat <input type="checkbox"/>
16. Project objectives:	
17. Task number:	
18. Time frame:	
19. Stream:	
20. Tributary to:	
21. Major Watershed System:	
22. County(ies):	
23. Coastal Zone:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Trinity River Basin:	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Klamath River Basin:	Yes <input type="checkbox"/> No <input type="checkbox"/>

## **Section 2: Location Information**

1. Township, Range, Section:	
2. Latitude, Longitude (in decimal degrees):	
3. Location description:	
4. Directions:	

## **Section 3: Watershed Information**

1. Watershed name:	
2. Watershed area:	
3. Watershed area directly affected by the proposed project:	
4. Land use statement:	
5. Project area ownership:	% Private _____ % State _____ % Federal _____
6. Project area with landowners support of proposal:	
7. Watershed length of blue line streams:	
8. Length of blue line streams directly affected by proposal:	
9. Limiting Factors to Salmonids:	<div><input type="checkbox"/> Water quantity (lack of flow, diversions, runoff) <input type="checkbox"/> Water quality (temperature, chemistry, turbidity) <input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness, elements) <input type="checkbox"/> Excessive sediment yield (pool and gravel quality) <input type="checkbox"/> Spawning requirements (gravel, resting areas-pools) <input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools) <input type="checkbox"/> Estuary / lagoon issues (closure during migration periods) <input type="checkbox"/> Fish passage (emigration and immigration)</div>
10. Source(s) of above information:	

## **Section 4: Project Objectives**

1. List task(s) information (i.e. Task Number and task heading) from <a href="#">Coho Salmon Recovery Tasks</a> and <a href="#">Steelhead Trout Management Tasks</a> databases:	
2. Background and need for project:	
3. Known limiting factors addressed by project:	<div><input type="checkbox"/> Water quantity (lack of flow, diversions, runoff)</div> <div><input type="checkbox"/> Water quality (temperature, chemistry, turbidity)</div> <div><input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness, elements)</div> <div><input type="checkbox"/> Excessive sediment yield (pool and gravel quality)</div> <div><input type="checkbox"/> Spawning requirements (gravel, resting areas-pools)</div> <div><input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools)</div> <div><input type="checkbox"/> Estuary / lagoon issues (closure during migration periods)</div> <div><input type="checkbox"/> Fish passage (emigration and immigration)</div>
4. Limiting factor remediation:	
5. Additional objectives:	

## **Section 5: Project Tasks and Results**

### **1. Detailed project tasks:**

### **2. Deliverables:**

### **3. DFG protocols to be used in project development and implementation:**

- ☐ DFG *California Salmonid Stream Habitat Restoration Manual*

List:

- ☐ DFG monitoring protocols for restoration project effectiveness and validation monitoring

List:

- ☐ California Content Standards

- ☐ National Science Content Standards

### **4. Other protocols:**

5. **Expected quantitative results (project summary):**

Quantitative Result	Units	Project Type(s)	Result
a. Stream length treated or affected by habitat improvement projects	miles	ALL	
b. Workshop/training events	number	ED, TE	
c. Participants in workshop/training events/students educated	number	ED, TE	
d. Publications completed/distributed	number	ED, TE	
e. Schools/institutions reached	number	ED, TE	
f. Length of stream bank acquired/protected	miles	HA	
g. Area acquired/protected	acres	HA	
h. Barriers/blockages removed or modified (other than culverts)	number	HB, FL	
i. Stream length made more accessible by removing barriers other than culverts	miles	HB, FL	
j. Stream crossings/culverts improved for fish passage	number	HB, FL	
k. Stream length made more accessible by treating stream crossings	miles	HB, FL	
l. Length of instream habitat treated	miles	HI	
m. Instream habitat and/or bank stabilization structures to be installed	number	HI, HS	
n. Length of riparian stream bank treated (measure both sides of the bank, if appropriate)	miles	HR	
o. Riparian area treated	acres	HR	
p. Trees planted	number	HR	
q. Fencing length to be installed/repared	miles	HR	
r. Stream bank stabilized (measure both sides of the bank, if appropriate)	miles	HS	
s. Road length treated	miles	HU	
t. Watershed culverts treated	number	HU	
u. Sediment volume prevented from entering the stream	cubic yards	HU, HR	
v. Upslope area treated	acres	HU	
w. Stream sites monitored	number	MD, MO	
x. Public meetings	number	OR, PI	
y. Public meeting attendees	number	OR, PI	
z. Stream length assessed	miles	PL	
aa. Road length assessed	miles	PL	
bb. Area assessed	acres	PL	
cc. Juvenile fish produced	number	RE	
dd. Juvenile fish released	number	RE	
ee. Fish screens installed	number	SC	
ff. Flow rate of diversions treated	cfs	SC	
gg. Quantity of water protected by screens	acre-feet/year	SC	
hh. Flow of water (average or range) returned to or maintained in stream	cfs	WC, WP	
ii. Water flow gauges installed	number	WD	
jj. Amount of water leased/purchased	acre-feet	WP	

6. **Other products and results:**

7. **Applicant's qualifications and experience:**

8. **Previously completed projects and outcomes under FRGP:**

## **Section 6: Landowners, Access and Permits**

1. Landowners Granting Access for Project: (Please attach provisional consent letter[s])	
2. Permits:	
3. Lead CEQA agency:	
4. Required mitigation:	Yes <input type="checkbox"/> No <input type="checkbox"/>

## **Section 7: Project Budget**

### 1. **Summary project costs** (Please attach detailed budget[s]):

Sources of Funds	Cash	In-kind (if applicable)	Status S,P,U (secured, pending, unknown)	Anticipated award date	Total
Fisheries Restoration Grant Program					
Other State Agencies <u>Name(s) and amount(s) of each:</u>					
Federal <u>Name(s) and amount(s) of each:</u>					
Applicant:					
Other Sources <u>Name(s) and amount(s) of each:</u>					
<b>Total</b>					

### 2. **Estimated Project Cost by Task**

<b>(Project Name)</b>			
Type of Work	Amount Requested	Cost Share	Total
<b>Total</b>			

### 3. **Budget justification:**

### 4. **Administrative overhead:**

Provide justification if administrative overhead is greater than 10%.

## **Section 8: Supplemental or Specialized Information**

In the order listed below, please attach the following required items to the application, as appropriate to the proposal project type:

- ☐ 1. Detailed budget (See examples and instructions in Appendix B.  
(All Project Types)
- ☐ 2. Scaled plan view diagram. See example in Appendix B.  
(Project Types: CF, FL, FP, HB, HI, HR, HS, HU, PM, SC, WC, WD)
- ☐ 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.  
(All Project Types except: AC, ED, OR, PI, PL, TE)
- ☐ 4. Watershed map. See example in Appendix B.  
(Project Types: HU, MD, MO, OR, PI, PL, WP)
- ☐ 5. Landowner provisional consent letter. See examples in Appendix B.  
(All projects where access is necessary for completing any component of the project except AC.)
- ☐ 6. Written eligibility certification from CDF.  
(Project Type: CF)
- ☐ 7. Evaluation plan.  
(Project Types: ED, TE)
- ☐ 8. Materials list  
(Project Type: ED)
- ☐ 9. Status report (existing projects only).  
(Project Types: OR, PI)
- ☐ 10. 5-year management plan (new projects only).  
(Project Type: RE)
- ☐ 11. Outline of a Quality Assessment/Quality Control Plan.  
(Project Types: MD, MO)
- ☐ 12. Land acquisition/easement information documentation.  
(Project Type: HA)
- ☐ 13. Copies of photographs of property  
(Project Types: HA)
- ☐ 14. Regional Assessor's and site-specific map  
(Project Type: HA)
- ☐ 15. Narrative appraisal  
(Project Type: HA)

**Supplemental Information Checklist by Project Type**  
(Please refer to the item numbers above)

Project Type	Item Number	Project Type	Item Number
AC	1, 4	MO	1, 3, 4, 5, 11
CF	1, 2, 3, 5, 6	OR	1, 4, 5, 9
ED	1, 5, 7, 8	PI	1, 4, 5, 9
FL	1, 2, 3, 5	PL	1, 4, 5
FP	1, 2, 3, 5	PM	1, 2, 3, 5
HA	1, 3, 5, 12, 13, 14, 15	RE	1, 3, 5, 10
HB	1, 2, 3, 5	SC	1, 2, 3, 5
HI	1, 2, 3, 5	TE	1, 3, 5, 7
HR	1, 2, 3, 5	TW	1, 2, 3, 5
HS	1, 2, 3, 5	WC	1, 2, 3, 5
HU	1, 2, 3, 4, 5	WD	1, 2, 3, 5
MD	1, 3, 4, 5, 11	WP	1, 3, 4, 5