

# APPENDIX A

## PROPOSAL APPLICATION FORM

Proposal Application Form Instructions..... A2

Proposal Application Form ..... A7

## 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/fish/Administration/Permits/BayDeltaStamp/index.asp](http://www.dfg.ca.gov/fish/Administration/Permits/BayDeltaStamp/index.asp). 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

|   |   |
|---|---|
| <b>1. Project type:</b>                       | <i>Two-letter project code as described in the PSN, Part III.</i>   |
| <b>2. Project title:</b>                      | <i>Brief, descriptive title. 72 character maximum.</i>  |
| <b>3. Applicant name:</b>                     | <i>Name of organization or agency applying for grant.</i>   |
| <b>4. Contact person:</b>                     | <i>Lead person to be contacted regarding project.</i>   |
| <b>5. Address:</b>                            | <i>Street or P.O. Box for mail.</i>   |
| <b>6. City, State, Zip:</b>                   |   |
| <b>7. Telephone #:</b>                        | <i>Primary telephone number to reach contact person including area code.</i>  |
| <b>8. Fax #:</b>                              | <i>Primary FAX number for contact person including area code.</i>   |
| <b>9. Email address:</b>                      | <i>Primary Email address for contact person.</i>  |
| <b>10. Type:</b>                              | Public Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Indian Tribe <input type="checkbox"/>  |
| <b>11. Certified nonprofit organization:</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, specify the nonprofit organization registration number:<br>See <a href="http://www.pd.dgs.ca.gov/smbus/nonprofit.htm">http://www.pd.dgs.ca.gov/smbus/nonprofit.htm</a> .  |
| <b>12. Past contractor:</b>                   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>13. Federal taxpayer ID number (FEIN):</b> |   |
| <b>14. Amount requested:</b>                  | <i>Amount requested from Department, from budget detail.</i>  |
| <b>15. Total project cost:</b>                | <i>Sum of amount requested plus all matching funds and services, from budget detail.</i>  |
| <b>16. Fish species benefited:</b>            | Chinook salmon <input type="checkbox"/> Steelhead trout <input type="checkbox"/> Striped bass <input type="checkbox"/> Sturgeon <input type="checkbox"/> Halibut <input type="checkbox"/><br>Black bass <input type="checkbox"/> Surfperch <input type="checkbox"/> American shad <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| <b>17. Angler benefits:</b>                   | <i>List all angler benefits anticipated by the proposed project.</i>  |
| <b>18. Project objectives:</b>                | <i>Summarize specific measurable project objectives and expected results in a few sentences. Maximum of 256 characters.</i>   |
| <b>19. Time frame:</b>                        | <i>Provide estimated time line from project initiation to completion.</i>   |
| <b>20. Stream:</b>                            | <i>Name all streams which will be directly affected by the project.</i>   |
| <b>21. Tributary to:</b>                      | <i>Name all streams directly downstream of the affected streams.</i>  |
| <b>22. County(ies):</b>                       | <i>Name all counties in which the project work will take place.</i>   |

## **Section 2: Location Information**

|  |  |
|--|--|
| <b>1. Township, Range, Section:</b>                                    | <i>Please provide exact project location, using multiple coordinates if necessary.</i>   |
| <b>2. Latitude, Longitude (in decimal degrees, Geographic, NAD83):</b> | <i>Please provide exact project location, using multiple coordinates if necessary.</i>   |
| <b>3. Location description:</b>  | <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> |
| <b>4. Directions:</b>  | <i>Provide driving directions to the project site, with needed landowner contacts and gate information.</i>  |

## **Section 3: Watershed Information**

|  |   |   |
|--|---|---|
| <b>1. Watershed name:</b>  | <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.</i> |   |
| <b>2. Project area ownership:</b>                                    | % Private _____ % State _____ % Federal _____<br><i>Enter ownership percentages by type of ownership.</i>   |   |
| <b>3. Length of blue line streams directly affected by proposal:</b> | <i>In miles.</i>  |   |
| <b>4. Limiting factors to fish species:</b>                          | <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)                                     |

## **Section 4: Project Objectives**

|  |   |
|--|---|
| <b>1. Background and Need for the project:</b>         | <i>Describe why the project is needed, with reference to local conditions, watershed plans, studies and other sources (PSN, Part II). Reference attached figures, tables, maps and photos if necessary.</i> |
| <b>2. Known limiting factors addressed by project:</b> | <i>Describe what limiting factors are addressed by the project.</i>   |
| <b>3. Limiting factor remediation:</b>                 | <i>Describe how the project addresses each of the above limiting factors listed in #2 above.</i>  |
| <b>4. Additional objectives:</b>                       | <i>Describe any additional objectives not described above.</i>  |

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

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

*Provide a detailed description of how the project will be accomplished by breaking the project into specific tasks with a detailed description of each task. Refer to attached figures, tables, and maps as needed.*

### **2. Deliverables:**

*List and describe all reports, maps, databases and other products to be prepared and delivered to the Department. All completed projects will need to submit a Final Report as a deliverable.*

3. **Department protocols to be used in project development and implementation if appropriate to project:**

- DFG California Salmonid Stream Habitat Restoration Manual
- 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 results (project summary):**

*List and describe results in a quantitative manner. For example, how many anglers will benefit annually, how many feet of shoreline will be revegetated, how many people will see the educational presentation, etc.*

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.*

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

|  |  |
|--|--|
| 1. Landowners granting access for project (Please attach landowner provisional access agreement[s] found in Appendix B):<br><i>List and reference attached access agreements. Also map ownerships on attached project maps and diagrams. See PSN, Part II and sample form on page B12.</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. See PSN, Part 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? See page PSN, Part II. Check and explain if yes.</i> |

## Section 7: Project Budget

### 1. Summary Project Costs and Cost Share (Please attach detailed budget[s]):

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

| Sources of Funds   | Cash             | In-kind<br>(if applicable) | Status<br>S,P,U<br>(Secured, pending,<br>unknown) | Anticipated<br>award date | Total            |
|--|------------------|----------------------------|---|---------------------------|------------------|
| BDSFES Program   | \$100,000        |                            |   |                           | \$100,000        |
| Other State Agencies<br>Name(s) and amount(s) of each:<br>ie. State Agency X, \$20,000<br>State Agency Y, \$30,000 | \$50,000         |                            | S   | 03/31/09                  | \$50,000         |
| Federal<br>Name(s) and amount(s) of each:  |                  |                            |   |                           |                  |
| Applicant  |                  | \$2,000                    | S   | 02/30/09                  | \$2,000          |
| Other Sources<br>Name(s) and amount(s) of each:  |                  |                            |   |                           |                  |
| <b>Total</b>   | <b>\$150,000</b> | <b>\$2,000</b>             |   |                           | <b>\$152,000</b> |

### 2. Estimated Project Cost and Cost Share by Task

*Indicate the total amount requested, cost share, and total costs for each distinct element within the proposed project.*

| Type of Work | Amount Requested | Cost Share      | Total            |
|--------------|------------------|-----------------|------------------|
| Boulder Weir | \$40,000         | \$20,000        | \$60,000         |
| Screen       | \$60,000         | \$32,000        | \$92,000         |
| <b>Total</b> | <b>\$100,000</b> | <b>\$52,000</b> | <b>\$152,000</b> |

### 3. Estimated Budget Costs and Cost Share for Personal Services

*Indicate the total amount requested, breakdown by title, rat and operating expenditures. If the proposal is funded, this budget will be used in the contract.*

| Personal Services         | Title                              | Rate     | Hours   | Amount Requested | Cost Share Amount | Total Project Cost |
|---------------------------|------------------------------------|----------|---------|------------------|-------------------|--------------------|
|                           | Project Manager                    | \$30.00  | 80      | \$ 1,500         | \$900             | \$2,400            |
|                           | Biologist                          | \$20.00  | 100     | \$ 1,500         | \$500             | \$2,000            |
|                           | Field Technician                   | \$15.00  | 200     | \$ 2,000         | \$1,000           | \$3,000            |
|                           | <i>Sub Total Personal Services</i> |          |         | <i>\$5,000</i>   | <i>\$2,400</i>    | <i>\$7,400</i>     |
|                           | Staff Benefits @ 20%               |          |         | \$1,000          | \$480             | \$1,480            |
|                           | <b>Total Personal Services</b>     |          |         | <b>\$6,000</b>   | <b>\$2,880</b>    | <b>\$8,880</b>     |
| <b>Operating Expenses</b> |                                    |          |         |                  |                   |                    |
|                           | Boat Rental                        | \$150.00 | 10 Days | \$1,500          |                   |                    |
|                           | <b>Total Operating Expenses</b>    |          |         | <b>\$1,500</b>   |                   |                    |
| <b>Total Expenditures</b> |                                    |          |         | <b>\$7,500</b>   | <b>\$2,880</b>    | <b>\$8,880</b>     |
|                           | Administrative Overhead            | @ 10%    |         | \$750            | \$288             | \$888              |
| <b>Grand Total</b>        |                                    |          |         | <b>\$8,250</b>   | <b>\$3,168</b>    | <b>\$9,768</b>     |

#### **4 Budget Justification**

*If needed, explain any unusual cost items or costs which will aid in the evaluation of the project. 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 Department staff.*

#### **5 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: HB, HI)
- 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.
- 4. Provisional Landowner Access Agreement. See examples in Appendix B.  
(All projects where access is necessary for completing any component of the project)
- 5. Evaluation plan.  
(Project Types: ED)
- 6. Materials list.  
(Project Type: ED)
- 7. Outline or brief description of a Quality Assessment/Quality Control Plan.  
(Project Type: RP)
- 8. Land acquisition/easement information documentation.  
(Project Type: HA)
- 9. Copies of photographs of the property or site.  
(Project Type: HA)
- 10. Regional Assessor's and site-specific map.  
(Project Type: HA)
- 11. Narrative appraisal.  
(Project Type: HA)
- 12. A copy of the fee title appropriated or adjudicated water ownership title, deed, or other document that demonstrates the validity of ownership for the water right(s) is required for projects that include screens, head gates, measuring weirs, dam removal, and/or fish-passage diversion improvements.

# Proposal Application Form

(Pages A7-A11)

| For Department use only |        |
|-------------------------|--------|
| Proposal No.            | Region |
| Date Received:          |        |

## 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 nonprofit organization:      | Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>If yes, specify the nonprofit organization registration number:<br/>See <a href="http://www.pd.dgs.ca.gov/smbus/nonprofit/htm">http://www.pd.dgs.ca.gov/smbus/nonprofit/htm</a>.</i>   |
| 12. Past contractor:                   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 13. Federal taxpayer ID number (FEIN): |   |
| 14. Amount requested:                  |   |
| 15. Total project cost:                |   |
| 16. Fish species benefited:            | Chinook salmon <input type="checkbox"/> Steelhead trout <input type="checkbox"/> Striped bass <input type="checkbox"/> Sturgeon <input type="checkbox"/> Halibut <input type="checkbox"/><br>Black bass <input type="checkbox"/> Surfperch <input type="checkbox"/> American shad <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| 17. Angler benefits:                   |   |
| 18. Project objectives:                |   |
| 19. Time frame:                        |   |
| 20. Stream:                            |   |
| 21. Tributary to:                      |   |
| 22. County(ies):                       |   |

**Section 2: Location Information**

|   |  |
|---|--|
| 1. Township, Range, Section:                                    |  |
| 2. Latitude, Longitude (in decimal degrees, Geographic, NAD83): |  |
| 3. Location description:  |  |
| 4. Directions:  |  |

**Section 3: Watershed Information**

|   |  |
|---|--|
| 1. Watershed name:  |  |
| 2. Project area ownership:                                    | % Private: _____% State: _____% Federal  |
| 3. Length of blue line streams directly affected by proposal: |  |
| 4. Limiting Factors to fish species:                          | <input type="checkbox"/> Water quantity (lack of flow, diversions, runoff)<br><input type="checkbox"/> Water quality (temperature, chemistry, turbidity)<br><input type="checkbox"/> Riparian dysfunction (lack of shade, excessive nutrients, roughness elements)<br><input type="checkbox"/> Excessive sediment yield (pool and gravel quality)<br><input type="checkbox"/> Spawning requirements (gravel, resting areas-pools)<br><input type="checkbox"/> Rearing requirements (velocity, lack of shelter, pools)<br><input type="checkbox"/> Estuary / lagoon issues (closure during migration periods)<br><input type="checkbox"/> Fish passage (emigration and immigration) |

**Section 4: Project Objectives**

|   |  |
|---|--|
| 1. Background and Need for the project:         |  |
| 2. Known limiting factors addressed by project: |  |
| 3. Limiting factor remediation:                 |  |
| 4. Additional objectives:                       |  |

**Section 5: Project Tasks and Results**

1. **Detailed project tasks:**

2. **Deliverables:**

3. **Department protocols to be used in project development and implementation if appropriate to project:**

DFG California Salmonid Stream Habitat Restoration Manual

List:



- California Content Standards
- National Science Content Standards

4. **Other protocols:**

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

6. **Other products and results:**

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

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

|   |  |
|---|--|
| 1. Landowners granting access for project: (Please attach landowner provisional access agreements found in Appendix B): |  |
| 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<br>(if applicable) | Status<br>S,P,U<br>(secured, pending,<br>unknown) | Anticipated<br>award date | Total |
|---|------|----------------------------|---|---------------------------|-------|
| BDSFES Program  |      |                            |   |                           |       |
| Other State Agencies<br><u>Name(s) and amount(s) of each:</u> |      |                            |   |                           |       |
| Federal<br><u>Name(s) and amount(s) of each:</u>              |      |                            |   |                           |       |
| Applicant:  |      |                            |   |                           |       |
| Other Sources<br><u>Name(s) and amount(s) of each:</u>        |      |                            |   |                           |       |
| <b>Total</b>  |      |                            |   |                           |       |

2. **Estimated Cost and Cost Share by Task**

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

3. **Estimated Budget Costs and Cost Share for Personal Services**

| Personal Services         | Title                              | Rate | Hours | Amount Requested | Cost Share Amount | Total Project Cost |
|---------------------------|------------------------------------|------|-------|------------------|-------------------|--------------------|
|                           |                                    |      |       |                  |                   |                    |
|                           |                                    |      |       |                  |                   |                    |
|                           | <i>Sub Total Personal Services</i> |      |       |                  |                   |                    |
|                           | Staff Benefits                     |      |       |                  |                   |                    |
|                           | <b>Total Personal Services</b>     |      |       |                  |                   |                    |
| <b>Operating Expenses</b> |                                    |      |       |                  |                   |                    |
|                           |                                    |      |       |                  |                   |                    |
|                           | <b>Total Operating Expenses</b>    |      |       |                  |                   |                    |
| <b>Total Expenditures</b> |                                    |      |       |                  |                   |                    |
|                           | Administrative Overhead            |      |       |                  |                   |                    |
| <b>Grand Total</b>        |                                    |      |       |                  |                   |                    |

4 **Budget Justification:**

5. **Administrative Overhead:**

**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 (including cross section and longitudinal profiles when requested). See example in Appendix B.  
(Project Types: HB, HI)
- 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.
- 4. Provisional Landowner Access Agreement. See example in Appendix B.  
(All projects where access is necessary for completing any component of the project)
- 5. Evaluation plan.  
(Project Types: ED)

- 6. Materials list.  
(Project Type: ED)
- 7. Outline or brief description of a Quality Assessment/Quality Control Plan.  
(Project Type: RP)
- 8. Land acquisition/easement information documentation.  
(Project Type: HA)
- 9. Copies of photographs of property.  
(Project Type: HA)
- 10. Regional Assessor's and site-specific map.  
(Project Type: HA)
- 11. Narrative appraisal.  
(Project Type: HA)
- 12. A copy of the fee title appropriated or adjudicated water ownership title, deed, or other document that demonstrates the validity of ownership for the water right(s) is required for projects that include screens, head gates, measuring weirs, dam removal, and/or fish-passage diversion improvements.