

# Klamath River Restoration Grant Program

## 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 7 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 <http://www.dfg.ca.gov/nafwb/klamathrivergrants.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 listed on page 3 and Section III pages 10-14.</i>  |
| 2. Project title:                   | <i>Brief, descriptive title. 72 character maximum.</i>   |
| 3. Applicant name:                  | <i>Name of organization, tribe 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"/><br>If yes, specify the industry group and Small Business Reference Number:<br>See <a href="http://www.pd.dgs.ca.gov/smbus/default.htm">http://www.pd.dgs.ca.gov/smbus/default.htm</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"/><br><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. Time frame:                     | <i>Provide estimated time line for project tasks from project initiation to completion.</i>  |
| 18. Stream:                         | <i>Name all streams which will be directly affected by the project.</i>  |
| 19. Tributary to:                   | <i>Name all streams directly downstream of the affected streams.</i>   |
| 20. County(ies):                    | <i>Name all counties in which the project work will take place.</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. Project area ownership:                                    | % Private _____ % State _____ % Federal _____<br><i>Enter ownership percentages by type of ownership.</i>   |
| 2. Length of blue line streams directly affected by proposal: | <i>In miles.</i>  |
| 3. Limiting factors to salmonids:                             | <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) |
| 4. Source(s) of above information:                            | <i>List references which identify selected limiting factors.</i>  |

## **Section 4: Project Tasks and Results**

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

*See discussion of project description in PSN Section II, #1 on page 5.*

### **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.*

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

DFG California Salmonid Stream Habitat Restoration Manual

List:

### **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. Other products and results:**

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

**Section 5: Landowners, Access and Permits**

|  |   |
|--|---|
| 1. Landowners granting access for project: <i>List and reference attached access agreements. See page 6 (Section II) and sample forms on pages B9-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, page 6 (Section II).</i>   |

**Section 6: 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. If project is funded, this table will become a part of the agreement. Example:*

| Sources of Funds  | Cash             | In-kind (if applicable) | Status S,P,U (Secured, pending, unknown) | Anticipated award date | Total            |
|---|------------------|-------------------------|--|------------------------|------------------|
| Klamath Restoration Grant Program   | \$100,000        |                         |  |                        | \$100,000        |
| Other State Agencies<br><u>Name(s) and amount(s) of each:</u><br>ie. State Agency X, \$20,000<br>State Agency Y, \$30,000 | \$50,000         |                         | S  |                        | \$50,000         |
| Federal<br><u>Name(s) and amount(s) of each:</u>  |                  |                         |  |                        |                  |
| Applicant   |                  | \$2,000                 | P  |                        | \$2,000          |
| Other Sources<br><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 5), indicate the total amount requested, cost share, and total costs for each distinct task within the proposed project.*

| <b>Project Name</b> |                  |                 |                  |
|---------------------|------------------|-----------------|------------------|
| 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. **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 7: 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: FL, FP, HB, HI, SC, WC)
- 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.  
(All Project Types)
- 4. Landowner provisional consent letter. See examples in Appendix B.  
(All projects where access is necessary for completing any component of the project).

# Klamath River Restoration Grant Program Proposal Application Form (Pages A6- A9)

|                         |
|-------------------------|
| <b>For DFG use only</b> |
| Proposal No. _____      |

## 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"/><br><i>If yes, 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. Time frame:                     |  |
| 18. Stream:                         |  |
| 19. Tributary to:                   |  |
| 20. County(ies):                    |  |
|                                     |  |

**Section 2: Location Information**

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

**Section 3: Watershed Information**

|   |   |
|---|---|
| 1. Project area ownership:                                    | % Private _____ % State _____ % Federal _____   |
| 2. Length of blue line streams directly affected by proposal: |   |
| 3. Limiting Factors to Salmonids:                             | <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) |
| 4. Source(s) of above information:                            |   |

**Section 4: 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:

4. **Other protocols:**

5. **Other products and results:**

**Section 5: Landowners, Access and Permits**

|  |  |
|--|--|
| 1. Landowners Granting Access for Project: (Please attach provisional consent letter[s]) |  |
| 2. Permits:  |  |
| 3. Lead CEQA agency:   |  |

**Section 6: 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 |
|---|------|----------------------------|---|---------------------------|-------|
| Klamath Restoration Grant 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 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 7: 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: FL, FP, HB, HI, SC, WC)
- 3. Project location 7.5 minute topographic quadrangle map, (USGS). See example in Appendix B.  
(All Project Types except: PL)
- 4. Landowner provisional consent letter. See examples in Appendix B.  
(All projects where access is necessary for completing any component of the project)