

Marion Soil and Water Conservation District



Application Form

20XX-20XX

For Office Use Only	
Received By:	Date:
Application Number:	
Technical Staff Review	
Approved for Funding by Marion SWCD Board of Directors <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

EXAMPLE -NOT FOR DISTRIBUTION

Section 1: GENERAL INFORMATION			
Name of Project (five words or less):			
Project Location: <i>(Street address and nearest cross road)</i>			
Brief Project Description (fifty words or less):			
<h2>EXAMPLE -NOT FOR DISTRIBUTION</h2>			
Marion SWCD Funds Requested \$		Total Project Cost \$	
<i>(Please round to the nearest dollar)</i>			
Section 2: APPLICANT, LANDOWNER, AND CONTACT INFORMATION			
Applicant/Entity Name:			Tax ID: <i>will be required on Form W-9</i>
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Landowner(s):			
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Project Contact:	Email:		
Mailing Address:	City:	State:	Zip:
Phone:	Cell Phone:		
Section 3: PROJECT INFORMATION			
A. Describe the problem(s) or issue(s) that you are seeking to address.			
<h2>EXAMPLE -NOT FOR DISTRIBUTION</h2>			

B. Please describe the proposed project as well as provide details and specifications of what the project entails. (*The proposed project is the solution(s) you are proposing to address the current problem(s).*) Attach a site map, color photo(s), and (if applicable) preliminary project drawings or designs.

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C. Indicate which Conservation Practices will be used to measure the project's standards.
Marion SWCD Planner can assist the grantee in determining the correct practice(s) and life expectancy.

Conservation Practice Code Number	Conservation Practice Title	Life Expectancy of Practice	Units of Applied Conservation (Acres, linear feet etc.)

D. List and describe the benefits expected to be produced by the installed practices, such as environmental, economic, quality of life etc.

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E. Is this project required as a condition of a local, state, or federal permit, order, or enforcement action (e.g., a manure storage and management project required by ODA permit)? Yes No
 If yes, please provide more information (attach documentation if available)

F. Is this an irrigation efficiency project? Yes No

If Yes,

- Provide the existing water right permit(s) or certificate(s) # _____
- The water right(s) of record cover (*check whichever applies*):
 - the entire project area,
 - a portion of the place of use for this project; approximately _____ acres do not have a water right of record

Section 4: PROJECT IMPLEMENTATION

A. Indicate the timeline for project implementation and completion.

Anticipated Completion Date: _____

Task or Practice Code	Year _____ <input type="checkbox"/> July, Aug, Sept. <input type="checkbox"/> Oct, Nov, Dec <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, June	Year _____ <input type="checkbox"/> July, Aug, Sept. <input type="checkbox"/> Oct, Nov, Dec <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, June	Year _____ <input type="checkbox"/> July, Aug, Sept. <input type="checkbox"/> Oct, Nov, Dec <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, June	Year _____ <input type="checkbox"/> July, Aug, Sept. <input type="checkbox"/> Oct, Nov, Dec <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, June
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B. Have the required permits been obtained for the project? Yes No Not Required
 If yes, what permits have been issued? (Attach copies)
 If no, what permits must be obtained and by when?

C. Is the proposed project a phase of a larger project? Yes No
 If Yes, provide information regarding previous and future phases of the proposed project, include concurrent projects funded through other grants, programs, etc.:

D. Are you working with any partners on the project? Yes No
 If Yes, provide more information:

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Section 5: OPERATION AND MAINTENANCE

Project operation and maintenance is the responsibility of the grantee/landowner. What aspects of the project will require operational procedures and what aspects will be maintained?

Who will operate/maintain?	What will be operated/maintained?	How will it be operated and/or maintained?	# of years # of times/year
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Section 6: CONSERVATION PLANNING

A. Is there a developed plan for the property? Yes No

If yes, identify the plan(s):

- Voluntary Conservation Plan with Marion SWCD
- NRCS Conservation Plan or Agreement (USDA-FSA)
- Oregon Forest Management Plan (ODF)
- Conservation Reserve Enhancement Program (USDA-FSA)
- Wildlife Habitat Conservation and Management (ODF&W)
- Other, specify: _____

B. Is this project consistent with the developed plan(s) for the property? Yes No

If no, provide more information:

C. List in the space below any project partners, grant(s) and cost-share applied for or received for the project: Not Applicable

Section 7: EDUCATION AND OUTREACH

The Marion SWCD encourages education through conservation projects. A completed conservation project may be used to educate others about practices they may want to implement that address natural resource concerns. For example, the project may be showcased in a tour or highlighted in a presentation or newsletter.

A. Are you willing to allow your project to be used as an educational tool for other interested parties? Yes No

B. Is your project in a highly visible location? Yes No

C. Are you willing to allow a sign to be placed at the site, indicating project type and funding source? Yes No

Section 8: PROJECT BUDGET

Budgets may be submitted in either Word or Excel formats

The budget is the Applicant's statement for how the project will be funded and Marion SWCD funds will be allocated. Use this table to itemize projected costs for each of the following expense categories that apply to your project. *Please use the accompanying Practice Cost List for the maximum costs allowed for in-kind labor and equipment rates.* Financial assistance for approved practices will be based on the information provided herein and the specifications provided by the Marion SWCD. The cost differential for practices installed to higher specification than that provided by Marion SWCD shall be the responsibility of the applicant.

A minimum of 50% cost share/ in-kind of the total project cost is required by the Cooperator.

Cost share/ in-kind match can be provided as labor, supplies and materials, equipment, and production costs. Financial assistance from other sources may also be used as cost share/ in-kind.

See the application instructions for further guidance.

Expense Category	No. of Units	Unit Cost	Total Cost	Cost Share In-Kind / Cash (Match)	Marion SWCD Requested Funds <i>Not to exceed \$7500</i>	Description - what will be purchased or done and who will provide the item/perform the work (Attach any relevant bids or quotes)
MATERIALS AND SUPPLIES (seed, fencing, pipes, gravel, plants, etc.)						
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CONTRACTED SERVICES (work crews, volunteer labor, establishing plants, equipment operation, etc.)						
EQUIPMENT RENTAL (see instructions for restrictions)						
PRODUCTION COSTS (design, permits - see instructions for restrictions)						
Column Subtotals						
Total Project Cost						

Technical Staff Portion

This section will be filled out by the Marion SWCD Technical staff person providing planning assistance to the applicant/landowner.

Section T1: PLANNER	
Name of Marion SWCD Planner:	
Section T2: PROJECT LOCATION	
Project Location: EXAMPLE -NOT FOR DISTRIBUTION	
<i>(Street address and nearest cross road) – attach a site map</i>	
City:	Township, Range, and Section:
Acreage of site where project will be located:	Total Acreage the project will encompass:
Section T3: WATERSHED AND WATERWAY	
12 Digit HUC Code:	Watershed Name:
A. Is the project located within the Marion SWCD's current ODA Focus Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Indicate which of the following conditions are present on or adjacent to the proposed project site: <input type="checkbox"/> perennial stream, creek, or river: Name: _____ <input type="checkbox"/> seasonal stream <input type="checkbox"/> ditch, <input type="checkbox"/> wetland, <input type="checkbox"/> high water table <input type="checkbox"/> not applicable	
C. How many stream, creek, or river miles will be impacted by the project?	
D. Is the project located on an Essential Salmonid Habitat waterway? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, does the project protect or restore salmonid habitat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is the waterway 303(d) listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for which parameter(s) is the waterway listed?	
Section T4: SURFACE AND GROUND WATER QUANTITY	
A. Is the project located within a Groundwater Restricted or Withdrawal Area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which area: <input type="checkbox"/> South Salem Hills <input type="checkbox"/> Stayton/Sublimity <input type="checkbox"/> Mt. Angel <input type="checkbox"/> Victor Point	
B. Will this project result in a measureable reduction in: <ul style="list-style-type: none"> • Surface water usage: <input type="checkbox"/> Yes <input type="checkbox"/> No • Ground water usage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the anticipated decrease in water usage (in gallons per calendar year based on the project acreage)	
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Section T5. MOLALLA/PUDDING/FRENCH PRAIRIE/NORTH SANTIAM SUBBASINS AGRICULTURAL WATER QUALITY MANAGEMENT PLAN

- A. Is this project agriculturally related? Yes No
- B. Will this project, or practice(s), improve water quality? Yes No
- C. Is this project consistent with the Molalla/Pudding/French Prairie/North Santiam Subbasins Agricultural Water Quality Management Plan? Yes No
- D. Does the project address a potential or actual violation of the Molalla/Pudding/French Prairie/North Santiam Subbasins Agricultural Water Quality Management Area Rules (OAR 603-095-1940)? Yes No
- E. Indicate which Agricultural Water Quality Management Measures from the area's AgWQMP will be addressed by this project. Check all that apply. *(See OAR 603-095-1940 for more information.)*
 - Not Applicable
 - Chemigated Irrigation Water
 - Surface Drainage and Irrigation Ditches
 - Erosion Prevention and Sediment Control
 - Irrigation
 - Waste: Livestock and Other
 - Nutrients
 - Pesticides
 - Riparian Management Area
 - Road and Staging Areas

Section T6: NATURAL RESOURCE CONCERNS

A. Please identify the natural resource concern(s) to be addressed.

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Section T7: MAINTENANCE

Clearly describe how the recommended conservation practices should be maintained and kept viable.

Conservation Practice Code	Conservation Practice Title	Maintenance and Operation
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AUTHORIZATION SIGNATURES

I/We, the undersigned, attest that we have reviewed this document including all attachments and that to the best of our knowledge the information contained in this application is true, that the proposed project is not required by a state or federal directive, and that the project will be completed within the timeframe stated herein. I/We understand that the submitted application is a matter of public record.

Also, should funding for this project be awarded we understand:

- 1) I/We may not incur any project expenses until all designated signatories have signed the Marion SWCD grant agreement,
- 2) I/We will be required to provide proper accounting of project expenses, and
- 3) I/We will be required to provide necessary and normal maintenance to sustain the value of the project once it is completed.

By their signatures, the landowner(s) attest that they have no plans to sell their property as of the date of this application, are authorized to sign as landowner, and they agree to provide, upon prior request and at a mutually acceptable time, site access to the Marion SWCD and its employees, directors, and agents for a period of up to three years following project completion to allow project work to be monitored to ensure implementation of maintenance of the project is being completed.

Applicant: _____ Date: _____

Printed Name: **EXAMPLE -NOT FOR DISTRIBUTION**
(and title, if applicable)

Landowner: _____ Date: _____
(If not applicant)

Printed Name: **EXAMPLE -NOT FOR DISTRIBUTION**
(and title, if applicable)