

# **Restoration Funding Opportunity**

## **Fish Passage Compensation Funds**

### **Request for Proposals**

The Oregon Department of Fish and Wildlife (ODFW) has entered into a cooperative Culvert Repair Agreement with the Oregon Department of Transportation (ODOT). Under this agreement, \$2 million was made available to implement high priority fish passage projects throughout Oregon, some of which was awarded under a 2018 RFP (request for proposals).

ODFW is seeking RFP's for projects that need additional implementation funding. Deadline for RFP submission is June 28, 2019.

#### Eligibility Criteria:

- Must be a high priority fish passage project
- Signed landowner agreement required prior to approval
- Projects associated with mitigation requirements will not be accepted
- ODOT projects will not be accepted
- Projects will need to identify how passage will be maintained to design specifications after implementation

Priority will be given to projects that:

- Support projects described in a Conservation and Recovery Plan
- Are listed on the ODFW Statewide Fish Passage Priority List:  
<https://www.dfw.state.or.us/fish/passage/docs/2019%20Fish%20Passage%20Priority%20List.pdf>
- Have secured match funds from other sources, including the owner/operator.
- Benefit ESA and State Sensitive listed species
- Provide access or improved access to high quality habitat
- Provide access or improved access to a large quantity of habitat
- Provide a timeline, including permit acquisition that ensures project implementation by December 31, 2021.

These funds are intended for the implementation of restoration projects. Funds will not be awarded for project development or design projects. To submit a project for consideration, please fill out the attached application form. Please include the Statewide Fish Passage Priority List ranking, barrier type, budget information, photos, and maps. Applications can be submitted to:

Pete Baki  
ODFW/ODOT Fish Passage Liaison  
4034 Fairview Industrial Drive SE  
Salem, OR 97302  
503-947-6234  
Email: [pete.a.baki@state.or.us](mailto:pete.a.baki@state.or.us)

## Restoration Funding Application

APPLICANT– Fill In	CONTACT INFORMATION	
<i>*If your application is approved, you will be required to provide a Federal Tax ID or Social Security Number.</i>		
<b>APPLICANT</b>	Name:	Work phone:
	Title:	Home phone:
	Business Name:	Cell/other:
	Mailing Address:	Fax:
	City/State/Zip:	Email:
<b>PROJECT CONTACT</b> <i>ONLY NEEDED IF APPLICANT IS NOT THE PRIMARY PROJECT CONTACT</i>	Name:	Work phone:
	Title:	Home phone:
	Business Name:	Cell/other:
	Mailing Address:	Fax:
	City/State/Zip:	Email:
<b>LAND OWNER</b>	Name:	Work phone:
	Title:	Home phone:
	Business Name:	Cell/other:
	Mailing Address:	Fax:
	City/State/Zip:	Email:
<b>BARRIER OWNER</b> <i>ONLY NEEDED IF DIFFERENT THAN THE LANDOWNER</i>	Name:	Work phone:
	Title:	Home phone:
	Business Name:	Cell/other:
	Mailing Address:	Fax:
	City/State/Zip:	Email:
APPLICANT– Fill In	PROJECT INFORMATION	
<b>PROJECT DESCRIPTION</b>		
Please provide a brief description of the project that will be completed with requested funds.		

## Restoration Funding Application

Describe project purpose, need, history, design and techniques to be used, major project features, and the type of barrier being addressed.

Please provide a description of the estimated timeline for completion of the project.

### ADDITIONAL PROJECT INFORMATION

Are there water rights associated with this site? If so, then please provide water certificate information

Water Permit Number:	Water Permit Date:	Water Right (in cfs):
Water Certificate Number:	Water Certificate Date:	Comments:
Water used for:	Months:	Comments:

### LOCATION

Watershed Basin:	Stream name:	Tributary to:
County:	*Latitude °N:	*Longitude °W:
Watershed council area:	<b>NOTE: *Long/Lat must be in Decimal Degrees (DD), to 4 decimal places. Ex: 44.8310 N, -120.0305 W.</b>	

## Restoration Funding Application

<b>BUDGET</b>				
Description	Quantity	\$ Unit Cost	Partner Funds	ODFW Request
<b>PERSONNEL</b> (List name. Include wages plus benefits in Unit Cost. Quantity = hours used.)				
<b>Sub-Total 1</b>				
<b>PROJECT SUPPLIES &amp; MATERIALS</b>				
<b>Sub-Total 2</b>				
<b>CONTRACTED SERVICES</b> (Describe and attach subcontractor estimates including design/engineering)				
<b>Sub-Total 3</b>				
<b>EQUIPMENT</b> (Landowner provided equipment and/or rented equipment. Quantity = hours used.)				
<b>Sub-Total 4</b>				
<b>Subtotal Summary</b> (add subtotals 1-4)			5	6
<b>TOTAL PROJECT BUDGET</b> (add 5 & 6)				7
<b>COST SHARE FUND DISTRIBUTION</b>				
Partner Funds (Include in-kind value)	Partner Name	\$ Contribution	Is Funding Secured?	
List partner organizations and their funding contribution.		8	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		9	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		10	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		11	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		13	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		14	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		15	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Restoration Funding Application

		16	Yes <input type="checkbox"/> No <input type="checkbox"/>
Combined Partner Funding (add lines 8 through 16)			
TOTAL PROJECT COST			

TOTAL ODFW PROJECT FUNDING REQUESTED	
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<b>APPLICANT-</b>	<b>SIGNATURES</b>
<p><i>If this application is approved, I will be required to sign a Grant Agreement containing terms and conditions upon which funds will be released. An expenditure incurred prior to the Grant Agreement Start Date will not be eligible for reimbursement.</i></p> <p><i>ODFW shall have the right of ingress and egress to and from the project area, doing no unnecessary injury to the property of the landowner, for the purpose of inspection and/or determining the adequacy of construction and compliance with project plans and provisions of the Grant Agreement. The Applicant is responsible for coordinating access with the landowner if the Applicant is not the landowner.</i></p>	
Applicant Signature:	Date:
Applicant Name (print):	