



PFA GRANT APPLICATION

*This Application must be filled out with the submission of your grant proposal. **THIS APPLICATION IS TO BE UPLOADED WITH YOUR PROJECT PROPOSAL.** Please note any edits to this Application will result in the disqualification of your grant application.*

***Project Tracking Numbers** are assigned when prospective applicants register with the online grant portal. Please register early to avoid any last-minute delays. Late submissions will **NOT** be accepted, with **no exceptions**.*

Project Overview:

Project Name: _____

County of Project: _____

Total Project Cost (without match): \$ _____ Total Match (if applicable): \$ _____

Project PFAMIT Tracking # (required): _____

Project Start & End Dates (MM/DD/YYYY): _____ - _____

Organization Information:

Applicant: _____

Organization Type: _____

If Tribal Representative, please state the Tribal Name: _____

Project Manager Title: _____

Last Name: _____ First Name _____



Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

Email Address: _____

Project Information

Brief Project Description:

Project Impacted Acreage: _____

What type of Project is this (check all that apply):

- Development
- Stakeholder Engagement
- Planning & Design
- Implementation



Does this project involve ground disturbance? (yes/no)

If yes, has the project consulted with the Oregon State Historic Preservation Office? If no, why? All ground disturbance projects are required to consult.

If the project has consulted with the Oregon State Historic Preservation Office please provide proof of communication as an application attachment.

Has the project secured all permits? If permits have not been obtained please explain the plan to obtain the necessary permits or why permits are not necessary.

Is post-project maintenance funding being requested? (yes/no)

Does the Project include work with partners?

If yes, please list partners:

Have you applied to any other funding source to implement this Project? Including additional State and/or Federal funds?

If yes, please identify the additional funding sources and its role:

Check all of the Habitat Conservation Plan Covered Species the Project will benefit.

- All native salmon and trout (*Oncorhynchus spp.*)
- Bull trout (*Salvelinus confluentus*)
- Mountain whitefish (*Prosopium williamsoni*)
- Pacific eulachon/smelt (*Thaleichthys pacificus*)
- Green sturgeon (*Acipenser medirostris*)
- Columbia torrent salamander (*Rhyacotriton kezeri*)
- Southern torrent salamander (*Rhyacotriton variegatus*)
- Coastal giant salamander (*Dicamptodon tenebrosus*)
- Cope's giant salamander (*Dicamptodon copei*)
- Coastal tailed frog (*Ascaphus truei*)

If you did not check at least one of these species, your Project might not be eligible for this grant funding. Please get in touch with the grant administrators prior to submission.

Who is the landowner? _____

Final Submittal Information

Has the applicant reviewed the PFA Grant Mitigation Procedural Guidelines? (yes/no)

Have you reviewed Section 5 Project Application Instructions of the Procedural Guidelines to understand the submittal process and documentation required to be submitted for total consideration of funding? (yes/no)



If you answered no, please contact the grant administrators as soon as possible, as your grant may not be complete upon submission.

Naming Convention for files – PLEASE REVIEW

Please ensure all files are named and in the correct format to avoid disrupting the review process. The following are accepted file types and naming conventions. All file types shall have the project tracking number embedded in the file name as follows.

The XXXX represents your unique Project tracking number, which shall be replaced with your tracking number.

File Type	File Name
Application (.pdf)	XXXX_Application.pdf
Articles of Incorporation (.pdf)	XXXX_Incorporation.pdf
Project Budget (.xls)	XXXX_Budget.xls
Project Map(s) (.pdf)	XXXX_Map.pdf
Project Shapefiles (.mpk or .shp)	XXXX_MapPackage.mpk
Scope of Work (.doc)	XXXX_SOW.doc
Attachments	XXXX_Attachment

Certifying Statement

I certify that the above and attached information is true and accurate.

X: _____

Applicant Authorized Representative. Original Signatures.

Execution Date



X: _____

Printed Name

Title