 

Pelton Round Butte Fund

RESOURCE PROJECT APPLICATION

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 **Applications must be received by no later than 5:00pm PST, February 28, 2023.**

# SECTION 1: General Information

|  |  |
| --- | --- |
| Name of Project: | Click or tap here to enter text. |
| Type of Project: | Choose an item.Choose an item.Choose an item. |
| Funds Requested: | Click or tap here to enter text. |
| Total Project Cost: | Click or tap here to enter text. |

**Resource Project Location**

|  |  |
| --- | --- |
| Project Location: | Click or tap here to enter text. |
| County: | Click or tap here to enter text. |
| Basin/Watershed/[HUC](https://water.usgs.gov/GIS/huc.html): | Click or tap here to enter text. |
| River/Creek: | Click or tap here to enter text. |
| River mile: | Click or tap here to enter text. |
| Township/Range/Section: | Click or tap here to enter text. |

|  |
| --- |
| Please include the following documents as **Appendix A**. Use the list below as a checklist. |
|[ ]  Site Plan showing project area boundaries |
|[ ]  Preliminary or Final Project drawings or designs |
|[ ]  Map title, legend, and true north arrow |
|[ ]  Latitude/longitude |
|[ ]  Property boundaries |
|[ ]  Surface water bodies (including instream miles) |
|[ ]  Location of proposed and existing structures (if applicable) |
|[ ]  Proposed measurement locations (if applicable) |

# SECTION 2: Applicant Information

|  |  |
| --- | --- |
| Applicant Name: | Click or tap here to enter text. |
| Co-Applicant Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City, State, Zip Code: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Fax Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Project Manager Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address (if different): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Project Manager Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address (if different): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Fiscal Officer Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address (if different): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Technical Contact Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address (if different): | Click or tap here to enter text. |

# SECTION 3: Landowner Information

|  |  |
| --- | --- |
| Landowner Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Landowner Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Landowner Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Landowner Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

# SECTION 4: Project Budget and Funding Sources

1. Have you applied for other funding sources (e.g. OWEB or NFWF) for this Project, or one similar to it on the same property?

[ ]  YES [ ]  NO

* 1. If YES, please explain the details of the funding requests, and whether the funds are secured or pending, using the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source** **Agency or Organization** | **Amount Requested** | **Pending or Secured** | **Cash or** **In-Kind** | **Anticipated Funding Date** |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |
| Name of Organization | Amount | [ ]  Pending[ ]  Secured | [ ]  Cash[ ]  In-Kind | Click to select date. |

|  |  |
| --- | --- |
| Total Project Cost: | Click or tap here to enter text. |
| Total Matching Funds: | Click or tap here to enter text. |
| % covered by Matching Funds to date: | Click or tap here to enter text. |

|  |
| --- |
| Please include the following documents on Official Organization Letterhead as **Appendix B** for each item above.  |
|[ ]  Letters of financial commitment or support |
|[ ]  Agreements, contracts, purchase orders, etc. |
|[ ]  E-mail verification of funds pending or secured |
|[ ]  Other: |
|[ ]  Other: |

| **Expense Category** | **Cost** | **Brief Description** | **% of Pelton Round Butte Funds Requested** |
| --- | --- | --- | --- |
| **Project Management (Payroll expenses)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Travel** |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Contracted Services** |  |  |  |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supplies/Materials** |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Equipment** |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Pre-Implementation Costs** |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Pelton Fund Request Total:** | Click or tap here to enter text. | *Note: Ensure this number matches requested amount on Page 1.* |  |
| **Project Total:** | Click or tap here to enter text. | *The cost of the entire project.* |  |
| **% of Total Project Cost:** |  | *Calculate the % of the total project that the Fund will support.* |  |

# SECTION 5: Resource Concern

Type of Resource Concern Addressed by Project (Choose ONE):

[ ]  Project is upstream of the PRB Project and support the anadromous reintroduction program by helping to achieve a self-sustaining Chinook salmon population and a sustainable salmon harvest.

[ ]  Project is in the lower Deschutes River mainstem and/or tributaries and increases the likelihood of adult and juvenile salmonid survival as fish pass through the PRB Project to and from the basin above the PRB Project.

[ ]  Project enhances existing and reintroduced populations of resident and anadromous fish and terrestrial wildlife upstream or downstream of the PRB Project.

Summarize how the Project is or will address the priorities identified above (200-word limit):

Click or tap here to enter text.

# SECTION 6: Detailed Project Information

Specify the type of activity/activities that will be funded by the Project:

[ ]  Land acquisition or lease of riparian, wetlands and uplands:

 [ ]  Locating parcels

 [ ]  Purchase costs

 [ ]  Purchase and title expenses

 [ ]  Surveying

 [ ]  Ongoing restoration and monitoring through life of license (end of 2055)

[ ]  Water Rights Acquisition

 [ ]  Locating water rights

 [ ]  Purchase/lease costs

 [ ]  Purchase and title expenses

 [ ]  Ongoing monitoring

[ ]  Water Conservation pursuant to the [Conserved Water Act, ORS 537.455](https://www.oregonlaws.org/ors/537.455) et. seq. that yield legally protected instream water rights

[ ]  Conservation Easements

 [ ]  Locating parcels

 [ ]  Establishment of easements

 [ ]  Surveying

 [ ]  Ongoing restoration, monitoring, and enforcement

[ ]  Construction of fish passage facilities or removal of fish passage barriers (not at another FERC-licensed Project)

 [ ]  Removal of private and non-federal dam and/or diversion

[ ]  Construction of fish passage facilities and/or screens, including planning, design, and effectiveness monitoring

[ ]  Improvement of fish passage facilities and/or screens, including planning, design, and effectiveness monitoring

[ ]  Instream Habitat Improvements

 [ ]  Improvement of cover, pool, and riffle structure, spawning beds, water quality

 [ ]  Planning, design, and effectiveness monitoring

[ ]  Riparian and Wetland Protection and Enhancement

 [ ]  Protection of riparian corridors

 [ ]  Provide native species plantings

 [ ]  Manage non-native plant species

 [ ]  Erosion control

 [ ]  Planning, design, and effectiveness monitoring

[ ]  Off-Project recreation impacts

[ ]  Protection and enhancement of riparian corridors, wetlands, spawning and rearing habitats adversely impacted by off-Project recreation use

 [ ]  Planning, design and effectiveness monitoring

[ ]  Other activities not identified above

[ ]  Please see instructions for important information to include, and use the space below to describe (150-word maximum):

Click or tap here to enter text.

# SECTION 7: Required Questionnaire

1. Describe the current watershed issue(s) you are seeking to address. Refer to existing Federal, State, Tribal, Licensee, or other formal large-scale land use evaluations, and watershed analysis (150-word maximum).

Click or tap here to enter text.

1. Describe the solution(s) you are proposing to address the issues identified above. Include appropriate site maps, drawings, and photos in **Appendix A**. If your solution is based on determinations or actions listed in a formal watershed assessment document, please provide a reference in this section (150-word maximum).

Click or tap here to enter text.

1. Please describe your technical preparations including the technical guidance sources you anticipate using for your project. Summarize your technical resources, describe and document your technical plans, and describe how your will plan for contingencies. (300-word maximum).

Click or tap here to enter text.

1. Describe steps taken (or proposed) to gather community support and summarize any support or opposition to the Project. Are these any potentially political or controversial aspects to this project? (150-word maximum).

Click or tap here to enter text.

# SECTION 8: Project Timeline

1. How long will it take you to complete the Project? If longer than two years from date of grant agreement, please attach a project schedule as **Appendix C** showing key milestones and critical paths.

Click or tap here to enter text.

1. Will the Project provide benefits for at least the life of the PRB Project license (through 2055), or in the case of a leased-based stream flow restoration proposal, the length of the lease?

[ ]  YES [ ]  NO

 If NO, please explain below.

Click or tap here to enter text.

# SECTION 9: Monitoring and Evaluation

1. How will success be determined, and what are the measurable desired outcomes from this Project?

Click or tap here to enter text.

1. Have you read the guidance on the expected duration and frequency of status and monitoring reports, and can you meet these expectations?
* Provide quarterly update summary including expenditures.
* 4th quarter report is a summary of the entire year’s activity.

If so, sign below.

|  |  |
| --- | --- |
|  Applicant Signature |  Date |

1. Who will be responsible for writing the monitoring and evaluation reports (does not have to be a specific person, if not determined yet)?

|  |  |
| --- | --- |
| Author Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

Complete the monitoring and evaluation tables below (keep responses succinct):

|  |  |
| --- | --- |
| Type of Action (Monitoring, Evaluation) | Click or tap here to enter text. |
| By Whom? | Click or tap here to enter text. |
| What will be done? | Click or tap here to enter text. |
| How? | Click or tap here to enter text. |
| How often?# of times per year# of years | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Type of Action (Monitoring, Evaluation) | Click or tap here to enter text. |
| By Whom? | Click or tap here to enter text. |
| What will be done? | Click or tap here to enter text. |
| How? | Click or tap here to enter text. |
| How often?# of times per year# of years | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Type of Action (Monitoring, Evaluation) | Click or tap here to enter text. |
| By Whom? | Click or tap here to enter text. |
| What will be done? | Click or tap here to enter text. |
| How? | Click or tap here to enter text. |
| How often?# of times per year# of years | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Type of Action (Monitoring, Evaluation) | Click or tap here to enter text. |
| By Whom? | Click or tap here to enter text. |
| What will be done? | Click or tap here to enter text. |
| How? | Click or tap here to enter text. |
| How often?# of times per year# of years | Click or tap here to enter text. |

# SECTION 10: Permits and Authorizations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permit Issuing Organization or Agency** | **Type of Permit** | **Permit In-Hand?** | **If yes, when was it secured?** | **If no, when is permit anticipated?** |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |
| Name of Organization | Click or tap here to enter text. | [ ]  Yes[ ]  No | Click to select date. | Click to select date. |

1. Is the Project required as a condition of a local, state, Tribal, or federal permit, order, or enforcement action (e.g. manure storage and management project required by Oregon Department of Agriculture permit?):

[ ]  YES [ ]  NO

If YES, please explain below.

Click or tap here to enter text.

# SECTION 11: Threatened and Endangered Species List

1. Will species listed as Threatened or Endangered under the federal Endangered Species Act benefit from the proposed activity?

[ ]  YES [ ]  NO

If YES, please list all species below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Species Common Name/*Scientific name*** | **State-Listed Threatened?** | **State-Listed Endangered?** | **Federal-Listed Threatened?** | **Federal-Listed Endangered?** |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Common and scientific name of species | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

Additional relevant information (optional):

Click or tap here to enter text.

# SECTION 12: Organization, Group or Volunteer Involved in Project

|  |  |
| --- | --- |
| **Name of Group/Organization** | **Level and Description of Involvement** |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |
| Name of Organization, Group or Volunteer | Click or tap here to enter text. |

# SECTION 13: Comparable Projects

|  |  |  |
| --- | --- | --- |
| **Name and Location** **of Project** | **Description of How Your Project Compares in Performance or Cost** | **Cost of Project** |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Amount |

# SECTION 15: Submission Instructions

Attachment Checklist:

[ ]  Appendix A components:

* Site Plan showing project area boundaries
* Map title, legend, and true north arrow
* Latitude/longitude
* Property boundaries
* Color photographs of site
* Surface water bodies (including instream miles)
* Location of proposed and existing structures (if applicable)
* Proposed measurement locations (if applicable)

[ ]  Appendix B components

* Letters of financial commitment or support
* Agreements, contracts, purchase orders, etc.
* E-mail verification of funds pending or secured
* Additional budget worksheets (if applicable)

[ ]  Appendix C components (if required – See Section 8)

* Project Schedule, including:
	+ Key Milestones
	+ Critical Path

[ ]  Agreement with fiscal agent

[ ]  Cooperative Agreement, if two or more landowners

Submittal Instructions:

1. Complete, print and sign the Signature Page and include electronically in PDF.
2. Request a One Drive location from Nancy Doran, via email, to upload your application. This will allow documents of a larger size to be uploaded to a shared, secure location.

Email Nancy at nancy.doran@pgn.com

1. Upload the completed and signed application to the One Drive folder using the link provided by Nancy

**Applications must be received by no later than 5:00pm PST, February 28, 2023.**

#

# SECTION 16: Signature Page

We, the undersigned, attest that, to the best of our knowledge, the information contained in this application is true and the proposed Resource Project is not required by the local, state, tribal or federal agency directive. We understands that the submitted application is a matter of public record. Also, should funding be awarded, (1) we understand that we may not incur any project expenses until all designated signatories have signed a PRB Fund grant agreement, and that (2) we will be required to provide proper accounting of project expenses and necessary and normal maintenance to sustain the value of the Resource Project once it is completed. By their signatures, the landowner(s) attest that they have no plans to sell their property as of the sate of this application and they agree to provide, upon prior request and at a mutually agreeable time, site access to the applicant or representatives of the Licensees for a period of up to two years following Project completion to allow project work to be implemented, monitored and maintained.

|  |  |
| --- | --- |
|  Applicant Name Printed Applicant Signature |  Date |
|  Landowner Name Printed Landowner Signature |  Date |
|  Fiscal Agent Name Printed Fiscal Agent Signature |  Date |

**Applications must be received by no later than 5:00pm PST, February 28, 2023.**