



WASHINGTON STATE DEPARTMENT OF
Natural Resources
 Peter Goldmark - Commissioner of Public Lands

Aquatic Restoration Program REQUEST FOR FUNDS FORM

To be considered for funding under this program, please provide the following information pertaining to your site and include a map, photo, and any plans if available. Please understand that funding is not guaranteed.

Please mail or email the completed form to the appropriate Restoration Manager listed below:

Project Proponent and Information

Date:		Applicant Name:	
Organization Name:	Phone #:	Email:	
Organization Address:			
Project Name:			
Project Description:			

Project Location (please include map with this form)

Parcel Number:		Name of Landowner:	
Coordinates (in Decimal Degrees): Latitude: N Longitude: W	Address: County:	Township: Range: Section:	
Construction Start Date:	Total Project Cost:	Amount Requesting from DNR:	

Is the proposed project located on State Owned Aquatic Lands? ___ Yes ___ No ___ Not Known
 If 'Yes', have you submitted an application to conduct work on SOAL? _____ Date submitted to DNR Aquatics Division

Description of required permits and their status: _____

Describe considerations for possible historical and cultural resources at the site: _____

Project Information

Describe the long term protection and sustainability of the finished project: _____

Describe how the project design is based on sound science: _____

Describe how this project supports the goals of local and/or regional planning activities such as watershed restoration or salmon recovery plans; and (if applicable) how it is consistent with the Puget Sound Action Agenda: _____

Describe the public review process for this project: _____

List project partners: _____

Describe the community support this project has received: _____

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For DNR staff Use
Date Received: _____
Response Date: _____