



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

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| For DNR Staff Use |
| Date Received: _____ |
| Response Date: _____ |

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. If you need more room than this form provides, please attach additional information. *(Note: This form may be filled out in Adobe Acrobat or printed and filled out by hand.)*

Mail or email the completed form to the appropriate [Restoration Manager](#):

ORCA STRAITS DISTRICT
 Christopher S. Robertson
 919 N Township St
 Sedro-Woolley, WA 98284
christopher.robertson@dnr.wa.gov
 (360) 854-2808, cell: (360)708-7226

SHORELINE DISTRICT
 Monica Shoemaker
 950 Farman Avenue North
 Enumclaw, WA 98022
monica.shoemaker@dnr.wa.gov
 (206) 799-2949

RIVERS DISTRICT
 Allen Lebovitz
 P.O. Box 280
 Castle Rock, WA 98611
allen.lebovitz@dnr.wa.gov
 (360) 480-2891

| Project Proponent and Information | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------|
| Date: | Applicant Name: | |
| Organization Name: | Phone #: | Email: |
| Organization Address: | | |
| Project Name: | | |
| Project Description | | |
| Please attach a description that includes the following information: | | |
| <ul style="list-style-type: none"> The specific project goals and objectives and how they will be achieved. Species, habitats, and/or ecological communities targeted by the restoration. Other species that use the area. Identify any species that use the area that are listed per the Endangered Species Act (ESA). | | |
| Project Location (Include a 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 (Attach a detailed cost breakdown, including funding sources and status): | Amount Requesting from DNR: |
| Is the proposed project located on State Owned Aquatic Lands (SOAL)? ___ 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: