

**Stream Stewards – Improving Backyard Habitat
GRANT APPLICATION AND AGREEMENT**

Section 1. Applicant

Landowner Name _____	E-mail _____
Address _____	Phone _____
Project Lead Name _____	E-mail _____
Address _____	Phone _____

Section 2. Background

- A. Is the landowner willing to sign a cooperators agreement? Yes No
- B. Have you received a Stream Team or Stewards Grant in the past? Yes No
- C. Are any permits needed for project implementation? Please list _____ Yes No
- D. Have required permits been obtained for project implementation? Yes No
- E. Is this project part of another partnership? Please list _____ Yes No
- F. If grant funds are approved for your project, will you contribute labor, equipment, or materials during installation of the practice(s). Yes No

Section 3. Environmental concern/problem; proposed restoration activity; environmental benefits expected; and project maintenance. (attach additional sheets if needed)

A. DESCRIBE THE LOCATION AND ENVIRONMENTAL PROBLEM(S). Include a description of the property and environmental concern/problem. Include watershed and stream name and project site distance to shoreline or stream. Include photo of site(s) and provide supporting documentation if available.

B. RESTORATION OR CONSERVATION PRACTICES NEEDED TO CORRECT THE IDENTIFIED ENVIRONMENTAL PROBLEM(S) FOR WHICH GRANT FUNDS ARE REQUESTED. Activities should be in order of implementation. Include a timeline with estimated dates of completion and state who will be doing the work. List approximate quantities (Ex number of plants or square footage of invasive weeds removed) and extent of restoration activity.

C. DESCRIBE THE ENVIRONMENTAL BENEFITS THAT ARE EXPECTED TO BE PRODUCED BY THE PRACTICES INSTALLED. Include extent of restoration (Ex: acres of riparian area enhanced or stream miles opened). Provide supporting information or documentation if available.

D. DESCRIBE PROJECT MAINTENANCE PLANS AND PERSON(S) RESPONSIBLE.

Section 4. Planned Project Expenditures

Project Expenses	Quantity	Column 4 Total Cost (sum of Columns 5+6+7)	Column 5 Grant Recipients Contribution	Column 6 Cost-Sharing From Other Sources	Column 7 Eligible Grant Funds Requested
<i>Ex: Bare root plants</i>	400	300.00			300.00
<i>Ex: Volunteer labor (planting)</i>	20 hrs	360.00	360.00		
Total Funds Requested					300.00
Grant No. _____ <i>(To be completed by KCD staff)</i>					

Section 5. Application and Agreement

I request grant funds under the Kitsap County Surface and Storm water Management Stream (SSWM) and Backyard Habitat Improvement program to install the activities described on the attached worksheets and summarized in Section 4. above. These activities are needed to improve a habitat problems described in Section 1, and would not be performed to the extent requested and needed by me without this funding.

I understand the obligation of the conservation district to disperse grant funds is contingent on the availability of funds through SSWM program, and that when this contract crosses over fiscal years, the obligations of the SSWM and conservation district are contingent upon the appropriation of funds during the next fiscal year. I further understand the failure to appropriate or allot such funds shall be good cause to terminate this contract.

If sufficient funds are made available to the conservation district by the SSWM, and if this application is approved for the practice(s) requested;

- I understand, I will be notified by the conservation district of the approval and funding status of this cost share assistance request within 60 days of the application deadline, or by _____ (date) as agreed to by myself and the conservation district.
- I understand, I will receive grant funds only for expenses incurred after the date the grant agreement application is approved.
- I agree to ensure that all applicable local, state, and federal permits are obtained for installation of the practice(s) requested, and understand that practice implementation and grant fund reimbursement will not occur until evidence of obtained permits is made available to the conservation district.
- I agree to install the practice(s) identified in Sections 3B and 4 to NRCS, or other approved standards and specifications identified in the agreement.
- I agree to maintain and operate the practice(s) for its design life as determined by the conservation district and as shown in Section 4.

- I agree, for the design life of each practice, to provide the conservation district on September 1 of each year, annual proof of performance documentation as agreed to by the conservation district and myself and specified in Section 3D of the practices specified herein.
- I agree to permit for the duration of its design life, on reasonable notice and request from the conservation district, the inspection of the location, maintenance, and monitoring of the long-term condition of the practice(s).
- I understand, in order to receive grant funds, installation of the described practice(s), or identifiable unit thereof, must have occurred, the installation must have met established 1) NRCS specifications or 2) an alternative practice design approved by a professional engineer or 3) standards approved by conservation district staff, and the practice installation and functionality must have been verified and approved in writing by the conservation district.
- I understand, I will receive cost share reimbursement checks made out to me only after I provide the conservation district with “paid” invoices that demonstrate vendors/contractors have been paid in full. Receipts and invoices must be maintained in the project file and made available to the conservation district upon request.
- I agree to request of any person(s) to whom the benefited acres are transferred by sale, lease or other means to sign a statement to maintain and continue the funded practice for its remaining design life as a condition of ownership or control. I will notify the conservation district in writing of any change in ownership or control of the subject property within thirty days of such a change. Written notification to the conservation district will include: 1) The name of the new landowner, 2) Whether or not the landowner agrees to continue the cost shared practice, and, 3) If they agree to continue the cost share practice, a copy of the new landowner-signed statement to maintain and continue the cost shared practice for its remaining design life.
- I agree to refund all or part of the grant funds paid to me as prorated by my local conservation district, in addition to any other remedies available at law or in equity, if, before the expiration of each or any practice design life, the contract is terminated because of any of the following: 1) I fail to expend funds under this contract in accordance with state laws and/or the provisions of this contract, 2) I destroy the approved practice, sell or lease practice equipment, relinquish management or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its design life.
- I understand that the conservation district’s right to a refund exists for a period not to exceed six years following contract termination, and that my refund is due within 30 days of demand. I also understand that In the event the conservation district is required to institute legal proceedings to recover the Backyard Habitat Improvement grant funds, the conservation district is entitled to its costs thereof, including attorneys’ fees.

Signature of Landowner/Cooperator	Date	Signature of Cooperator <i>(if Cooperator is Lessee)</i> ¹	Date
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Application Reviewed By	District Staff	Date	Application Approved by Authorized District Signer	Date
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¹ For state DNR lands, the lessee must obtain signature of the Regional Lease Officer or designee.

Section 6. Agreement Completion Certification *(must be signed prior to payment)*

I hereby certify that implementation of the above described BMP or conservation practices have been completed as of the date shown below, and that they meet the established NRCS specifications, or are alternative practice designs approved by a professional engineer. If cost-share payment is needed prior to completion of one or more practices, the district must verify that the practices have been completed or installed within the timeframe agreed to by the cooperator. This agreement is made in consideration of the mutual covenants set forth herein.

Implementation Checked	District Staff ²	Date	Final Implementation Check <i>(if needed)</i>	District Staff ²	Date
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Landowner/Cooperator	Date	Approved By Authorized District Signer	Date
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² Includes NRCS technical personnel, Washington State licensed professional engineers, and district staff with NRCS job approval authority.