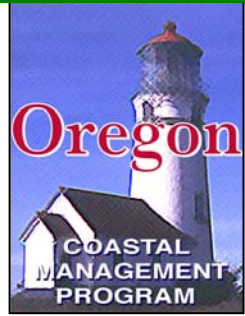


2008-2009

**APPLICATION  
OREGON COASTAL MANAGEMENT PROGRAM  
TECHNICAL ASSISTANCE/PRIORITY PROJECT GRANT**



*Please type or print clearly*

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person, Title: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Amount Requested from DLCD: \$ \_\_\_\_\_ Grantee Share \_\_\_\_\_

**Project Title:**

**BRIEF description of the project, 50 words or so. Be sure to state the expected results**

**Keywords**

(Check those that apply to the project)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Information technology | <input type="checkbox"/> Coastal hazards                | <input type="checkbox"/> Stormwater management         |
| <input type="checkbox"/> Economic development   | <input type="checkbox"/> Wetland and riparian resources | <input type="checkbox"/> Resource and land inventories |
| <input type="checkbox"/> Estuarine resources    | <input type="checkbox"/> Marine resources               | <input type="checkbox"/> Special Area Planning         |
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Public involvement             | <input type="checkbox"/> Capital improvements planning |

**SUBMITTAL**

Please submit all application information by US Mail, FAX, or e-mail to:  
Diana Evans, OCMP Grants Coordinator [diana.evans@state.or.us](mailto:diana.evans@state.or.us) FAX 503-378-6033  
Department of Land Conservation and Development  
635 Capitol St. NE Suite 150 Salem OR 97301

## **Project Narrative**

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Please provide the information requested under each item. Although extensive, detailed information is not necessary, you need to provide enough information to help OCMP understand the project and make grant funding decisions.

**1. Goals and Objectives:**

State the goal(s) or overall purpose of the project. What is the problem, need, or opportunity that the project will address? Describe planning, technical, or information objectives that will help achieve the goal(s).

**2. Scope of Work, Products, and Budget (attach additional pages if necessary):**

**a. Describe the scope of work to be performed. If the project is in phases, please note.**

**b. Schedule (e.g. when will work begin, project milestones, project end):**

**c. Total Budget**

**Please use the Budget Summary form on the next page, and any additional information as indicated in the footnotes.**

**3. Project Partners**

**List any partners such as other local governments, special districts, state agencies, or other entities Briefly describe the role of each (e.g., will perform work under the grant; will advise; will contribute information or services, etc).**

**4. Match, Cost-Sharing, and Local Contribution (see page 4)**

**1:1 cost-sharing (match) is required on federally-funded coastal grants. Describe the type and list the amount of local contributions for the grant (see page four of this application). List other funding sources, if any, and amounts that support this project.**

**5. Will work be performed by a consultant/contractor for all or part of this project?**

         Yes               No

**If yes, please describe the work to be performed by the consultant, list the anticipated amount of the contract, and provide name of prospective firm/consultant(s), if known, including address and telephone number.**

**Grant Budget Summary**

NOTE: Please use the format in this table when developing a more detailed budget.

	Grant Request (from DLCD)	Grantee Share (Required)	Total Budget
Personal Services <sup>1</sup>			
Supplies (if any)	_____	_____	_____
Contract Services <sup>2</sup>	_____	_____	_____
Other <sup>3</sup>	_____	_____	_____
<b>TOTAL<sup>4</sup></b>	_____	_____	_____

Budget notes:

- 1 List all personnel who will work on the project. Compute costs on the basis of the number of expected person-hours, hourly rate, and related payroll expenses for each.
- 2 Total Contract Services. Provide additional information on expected contract services under item 5 on page 2, above.
3. List Other expenses (e.g. printing or publishing, travel):  
NOTE: all travel supported by this grant must conform to state travel rates (e.g. mileage, meals, etc).
4. The Total grantee share, above will equal the Total Grant Request from DLCD (1:1 match). See attached for description of local contribution.

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**GRANT APPLICATION****page 4**

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**Grantee Share Cost (Match) Information**

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**Local or state “match” of Federal grants (CZM funds)** may consist of:

- a. **Cash** contributed by the grantee from non-federal revenues or donated to the grantee by non-federal third parties.
- b. **In-kind** contributions (see below) made by grantee and non-federal third parties.

**Cash “match”** must be:

- a. Identifiable from the grantee's records;
- b. Not included as contributions for any other grant or contract;
- c. Necessary and reasonable for proper and efficient accomplishment of project objectives; and
- d. Not borne by the federal government directly or indirectly under any federal grant or contract.

For instance, funds awarded to a local government from the US Army Corps of Engineers or US Fish and Wildlife Service cannot be used as “match” against this grant.

**In-kind contributions** are non-monetary goods and services, as listed below, specifically identifiable to the project. In-kind contributions may be made by the grantee, other public agencies, private organizations, appointed members of advisory committees, or individuals who work on the project, and include such items as:

- a. **Volunteer services** will be valued at different rates depending on the volunteer function. For specialty or professional services, use wage rates consistent with compensation paid for similar work in state and local government or at rates that reflect the grantee's local labor market. For volunteers who attend or participate in committees, workshops, please use the values established by [http://www.independentsector.org/programs/research/volunteer\\_time.html](http://www.independentsector.org/programs/research/volunteer_time.html).
- b. **Materials** include office supplies, lumber, paper, or other supplies directly related to the project. Contributed material value should be reasonable and based on fair market value.
- c. **Equipment, building, land, or office space**, including depreciation and use-charges for equipment and buildings and fair rental charges for land.
- d. **Employees of other organizations** at regular rates for which employees are normally paid, including fringe benefits (OPE) but excluding overhead.

**Establishing the value of “in-kind”** should use normal accounting procedures to establish value as follows:

- a. **Services** - Maintain a record of volunteer services: who, when, where, and why.
- b. **Documentation** - Document your method of computing at the hourly rate for personal services and the cost of materials, equipment, buildings and land charges.

**Rate of local match paid out:** Your non-federal share (match), whether cash or in-kind, is expected to be paid out at the same general rate as the state share (as per federal requirements on OCMP). In other words, at the half-way point in the project about half of the in-kind match shall have been expended. Exceptions to this requirement may be approved by the Grants Officer based on demonstration that the schedule of tasks for the project and the rate of local match for these tasks justifies a delayed payout of cash or accounting of in-kind contributions. In any case, the recipient must fulfill the non-federal cost share commitment over the life of the award.