

MAIL TO:
Department of State Lands
775 Summer St. NE, Ste 100
Salem, OR 97301-1279
503-986-5288

Submerged Lands Enhancement Fund Grant Application

Date Received:



2023-25 Grant Cycle Deadline: May 31, 2024

EMAIL TO:
blake.helm@dsl.oregon.gov

www.oregon.gov/dsl

1 - APPLICANT INFORMATION

Applicant is a:			
<input type="checkbox"/> State Agency	<input type="checkbox"/> City or County Government	<input type="checkbox"/> Water Improvement District	<input type="checkbox"/> Watershed Council
<input type="checkbox"/> Port	<input type="checkbox"/> Parks and Recreation Dept.	<input type="checkbox"/> Federally recognized Tribe	<input type="checkbox"/> Non-profit
Applicant's Name and Address:		Home Phone:	
		Business Phone:	
		Fax:	
		Email:	
Co-Applicant's Name and Address:		Home Phone:	
		Business Phone:	
		Fax:	
		Email:	
Authorized Agent's Name and Address:		Home Phone:	
		Business Phone:	
		Fax:	
		Email:	
Riparian Property Owner Name and Address: if different than applicant		Home Phone:	
		Business Phone:	
		Fax:	
		Email:	

2 - PROJECT LOCATION

Street, Road or other descriptive location		Premises Description			
		Township	Range	Section	Quarter
In or Near (City or Town)	County	Tax Map #		Tax Lot #	
Waterway	River Mile	County Property Tax Account Number			

3 - PROJECT INFORMATION

Activity Type:

- Derelict Piling/Structures
- Abandoned/Derelict Vessels
- Marine Debris
- Waterway Improvement Project
- Other (explain below)

Area (length X width)

Are you aware of any Endangered Species on the project site?

Yes

No

Are you aware of any Cultural Resources on the project site?

Yes

No

Is the project site near a State Scenic Waterway?

Yes

No

If yes to any of the above, please explain in the project description (Section 4), how the activity will impact the area and the proposed mitigation.

4 - PROJECT PURPOSE & DESCRIPTION

Project Purpose and Need:

Project Description: (relevant to Public Trust Values: navigation, commerce, recreation and fisheries)

Estimated Start Date:

Estimated Completion Date:

5 – ADDITIONAL INFORMATION

Names, addresses, and phone numbers for **adjacent** property owners and participating partners.

Name		Role:	
Address			
Phone			
Name		Role:	
Address			
Phone			
Name		Role:	
Address			
Phone			
Have you applied for Corps of Engineers or Department of State Lands permits for this project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what identification numbers(s) were assigned by the respective agencies?			
Corps #		State of Oregon #	

6 – CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT

To be completed by your local planning official

- This project is not regulated by the local comprehensive plan and zoning ordinance.
 This project has been reviewed and is consistent with the local comprehensive plan and zoning ordinance.
 This project has been reviewed and is **not** consistent with the local comprehensive plan and zone ordinance.
 Consistency of this project with the local planning ordinance cannot be determined until the following local approval(s) are obtained:
- | | |
|---|---|
| <input type="checkbox"/> Conditional Use Approval | <input type="checkbox"/> Development Permit |
| <input type="checkbox"/> Plan Amendment | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Other _____ | |

An application has has not been made for local approvals checked above.

Signature of local planning official	Title	City/County
Print Name	Date	

7 - ADDITIONAL INFORMATION

Attach all for approval

- a) A street or highway location map with road directions to the site from the nearest main highway or road.
- b) Assessor map that contains the riparian uplands. Do not mark on this map.
- c) A separate drawing to a scale of 1 inch = 100 feet of all existing and proposed structures and/or work.
- d) A legal description of the work area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel. (The department may require a survey for this purpose).
- e) Project schedule including beginning and completion.
- f) Itemized Project Budget, including use of requested funds and contributing match funds.
- g) All Work Plan or Operation & Maintenance Plans that have been prepared for proposed activities.
- h) Confirmation of contributing match.

8 - APPLICANT SIGNATURE

I hereby request \$ _____ in funding for this project.

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining the authorization requested before commencing the project.

Print/Type Name

Title

Authorized Signature

Date

I appoint the person named below to act as my duly authorized agent.

Signature

Date

Print/Type Name

Title

Authorized Agent Signature

Date