

Secure Rural Schools and Community Self-Determination Act of 2000  
Public Law 106-393

**Title II Project Submission Form**  
**USDA Forest Service Pacific Northwest Region**

Name of Resource Advisory Committee: **Northeast Oregon Forests**

**Project Number:** (assigned by Designated Federal Official)  
**Funding Fiscal Year(s): 2024**

<b>2. Project Name:</b>	<b>3a. State:</b> <b>3b. County(s):</b>
<b>4. Project Submitted By:</b>	<b>5. Date:</b>
<b>6. Contact Phone Number: c</b>	
<b>7. Contact E-mail:</b>	

<b>8. Project Location</b> (map must be submitted hardcopy to the RAC)	
a. National Forest:	b. Forest Service District:
c. State / Private / Other lands involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, then specify</b>	
d. Location: Township_____ Range_____ Section(s)_____	

<b>9. Briefly State Project Goals and Objectives:</b> (max. 7 lines)
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<b>10. Briefly Describe the Project:</b> (max. 30 lines.)
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<b>11. Are there other related project(s) on adjacent lands?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, then describe the coordination you will do.</b> (max. 10 lines)

<b>12. How does the proposed project meet purposes of the Legislation? (Check at least 1)</b>
<input type="checkbox"/> Improves maintenance of existing infrastructure.
<input type="checkbox"/> Implements stewardship objectives that enhance forest ecosystems.
<input type="checkbox"/> Restores and improves land health.
<input type="checkbox"/> Restores water quality

<b>13. Project Type</b> a. Check all that apply (check at least 1)	
<input type="checkbox"/> Road Maintenance	<input type="checkbox"/> Trail Maintenance
<input type="checkbox"/> Road Decommission/Obliteration	<input type="checkbox"/> Trail Obliteration
<input type="checkbox"/> Other Infrastructure Maintenance (specify):	
<input type="checkbox"/> Soil Productivity Improvement	<input type="checkbox"/> Forest Health Improvement
<input type="checkbox"/> Watershed Restoration & Maintenance	<input type="checkbox"/> Wildlife Habitat Restoration
<input type="checkbox"/> Fish Habitat Restoration	<input type="checkbox"/> Control of Noxious Weeds
<input type="checkbox"/> Reestablish Native Species	<input type="checkbox"/> Fuels Management/Fire Prevention
<input type="checkbox"/> Community Economic Benefit:	<input type="checkbox"/> Other Project Type (specify):
b. Primary Purpose (select only 1):	

<b>14. Identify What the Project Will Accomplish</b>
Miles of road maintained:
Miles of road decommissioned/obliterated:
Number of structures maintained/improved:
Acres of soil productivity improved:
Miles of stream/river restored/improved:
Miles of fish habitat restored/improved:
Acres of native species reestablished:
Miles of trail maintained:
Miles of trail obliterated:
Acres of forest health improved (including fuels reduction):
Acres of rangeland improved:
Acres of wildlife habitat restored/improved:
Acres of noxious weeds controlled:
Timber volume generated:
Number of jobs generated:
People reached (for environmental education projects/fire prevention):
Direct economic activity benefit:
Other:

**15. Estimated Project Start Date:**

**16. Estimated Project Completion Date:**

**17. How will cooperative relationships among people that use federal lands be improved? List known partnerships or collaborative opportunities.**

**18. How is this project in the best interest of the community? Identify benefits to communities.**

(max. 12 lines)

**19. How does the project benefit federal lands/resources? (max. 12 lines)**

<b>19.a Status of Project Planning</b>			
a. NEPA Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, give est. date of completion:			
c. NMFS Sec. 7 ESA Consultation Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
d. USFWS Sec. 7 ESA Consultation Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
e. Survey & Manage Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
f. DSL/WDFW* Permits for In-stream Work Obtained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
g. DSL/COE* 404 Fill/Removal Permit Obtained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
h. SHPO* Concurrence Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
i. Project Design(s) Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
* DSL = Dept. of State Lands, WDFW= Washington Department of Fish and Wildlife, COE = Army Corps of Engineers, SHPO = State Historic Preservation Officer			

<b>20. What is the Proposed Method(s) of Accomplishment? (check at least 1)</b>	
<input type="checkbox"/> Contract	<input type="checkbox"/> Federal Workforce
<input type="checkbox"/> County Workforce	<input type="checkbox"/> Volunteers
<input type="checkbox"/> Grant	<input type="checkbox"/> Agreement
<input type="checkbox"/> Americorps	<input type="checkbox"/> CCC Crews
<input type="checkbox"/> Other (specify):	

**21. Will the Project Generate Merchantable Materials?**

Yes

No

<b>22. Anticipated Project Costs</b>
a. Total Title II Funds Requested:

**23. Identify Source(s) of Other Funding:**

**24. Monitoring Plan** (provide below or as an attachment)

1. Describe method of measurement for whether the project met or exceeded the desired ecological conditions. (Photo points, on the ground measurements, etc.)
  - a. List the name(s) of the person(s) responsible for monitoring:
  - b. Identify the funding needs and source of funding for this item:
  
2. How will the project be evaluated to determine if it created local employment or training opportunities, including summer youth job programs?
  - a. List the name(s) of the person(s) responsible for monitoring:
  - b. Identify the funding needs and source of funding for this item:
  
3. How will the project be evaluated to determine if the project improved the use of, or added value to, any products removed from the land consistent with the purposes of Title II?
  - a. List the name(s) of the person(s) responsible for monitoring:
  - b. Identify the funding needs and source of funding for this item:

# Project Cost Analysis Worksheet

## Worksheet 1

Please submit this worksheet with your proposal

Item	Column A Fed. Agency Appropriated Contribution [Sec. 203(b)(4)]	Column B Requested Title II Contribution [Sec. 203(b)(4)]	Column C Other Contributions [Sec. 203(b)(4)]	Column D Total Available Funds
a. Field Work & Site Surveys				
b. NEPA/CEQA				
c. ESA Consultation				
d. Permit Acquisition				
e. Project Design & Engineering				
f. Contract/Grant Preparation				
g. Contract/Grant Administration				
h. Contract/Grant Cost				
i. Salaries				
j. Materials & Supplies				
k. Monitoring				
l. Other				
m. Project Sub-Total				
n. Indirect Costs				
Total Costs Estimate:				
<b>Agency Use Only</b>				
Forest Service Indirect Assessment				
Adjusted Total Cost Estimate:				

### NOTES:

- a. Pre-NEPA Costs
- g. Includes Contracting/Grant Officer Representative costs. Excludes Contracting/Grant Officer costs (see “n” below).
- i. Cost of implementing project
- l. Examples include vehicles, equipment rentals, travel, etc.
- n. Contracting/Grant Officer costs, if needed, are included as part of Indirect Costs.