Submission deadline: May 8, 2024

Submit to: Skamania County Financial Management

 Attn: Heidi Penner

 PO Box 790

 Stevenson, WA 98648 penner@co.skamania.wa.us

1. Project Number: (assigned by County):
2. Project Name: Click or tap here to enter text.
3. Project Sponsor: Click or tap here to enter text.
4. Sponsor’s Contact Information: Click or tap here to enter text.
	1. Contact Name: Click or tap here to enter text.
	2. Contact Address: Click or tap here to enter text.
	3. Contact Phone: Click or tap here to enter text.
	4. Contact Email: Click or tap here to enter text.
	5. Contact Fax: Click or tap here to enter text.
5. a. Project Location: (attach project area map if applicable): Click or tap here to enter text.

b. National Forest/District (if applicable): Click or tap here to enter text.

c. Other Lands? [ ] State [ ] Tribal [ ] Federal [ ] County [ ] City [ ] Private

1. Project meets following authorized use of funds\* (check all applicable uses)

[ ] Reimbursable Search, Rescue, and Emergency Services on National Forest Lands

[ ] Firewise Activities

[ ] Training Costs and Equipment Purchases directly related to emergency services

[ ] Community Wildfire Protection Plans

**Project Description (Address each question)**

 a. Describe the project

 Click or tap here to enter text.

 b. Identify project readiness

 Click or tap here to enter text.

 c. Identify project partners and how they will work together

 Click or tap here to enter text.

 d. Identify if this is a continuation of a previously funded Title III project.

 Click or tap here to enter text.

**Statement of Project Goals and Objectives (address each question)**

a. What are the expected outcomes of the project?

 Click or tap here to enter text.

b. How does the project meet the purposes of the legislation?

 Click or tap here to enter text.

c. How is the project in the best public interest? Identify benefits to community and federal lands.

 Click or tap here to enter text.

**Measurement of Project Accomplishments/Expected Goals:**

|  |  |
| --- | --- |
| Outcome | Explanation |
| Total Miles: | Click or tap here to enter text. |
| Total Acres: | Click or tap here to enter text. |
| Number of Labor Days: | Click or tap here to enter text. |
| Estimated Participants: | Click or tap here to enter text. |
| Other (specify): | Click or tap here to enter text. |

**Project Timelines:**

Estimated project start date: Click or tap here to enter text.

Estimated project completion date: Click or tap here to enter text.

Readiness to proceed: Are permits, environmental clearances, signed agreements and volunteers, etc. in place? [ ] Yes [ ] No (If NO, explain):Click or tap here to enter text.

**Applicant Qualifications and Experience with Similar Projects**

Please describe the applicant’s qualifications and experience:

Click or tap here to enter text.

**Monitoring Plan**

How will you measure your project success and quantifiable outcomes identified in this application?

Click or tap here to enter text.

How will report this information to the Board of County Commissioners?

Click or tap here to enter text.

**Project Work Plan**

List the tasks and time frames. Name individual(s), consultant(s) and organization(s) responsible:

|  |  |  |
| --- | --- | --- |
| Task | Timeframe | Responsible Party/Name |
|  |  |  |
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|  |  |  |

**Funding Request**

Enter total amount of Title III Funds requested? Click or tap here to enter text.

**Detailed Budget**

Provide detail about your project budget, and include any in-kind or supplemental funding contributions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Item | Title III Funds | Other-County/Local Agency Funds | State/Federal/Other Contributions | Total Available Funds |
| Salaries |  |  |  |  |
| Benefits |  |  |  |  |
| Materials/Supplies |  |  |  |  |
| Contracted Services |  |  |  |  |
| Travel |  |  |  |  |
| Interfund Costs |  |  |  |  |
| Other Operating Costs |  |  |  |  |
| Capital Costs (Specify)Click or tap here to enter text. |  |  |  |  |
| Capital Costs (Specify)Click or tap here to enter text. |  |  |  |  |
| Capital Costs (Specify)Click or tap here to enter text. |  |  |  |  |
| Total Budget |  |  |  |  |

Identify sources and amounts of other county or local agency contributions in the budget, to include in-kind contributions from the applicants existing and projected budget, registration fees for training and non-member personnel who respond with partner agencies, and service fees for the provision of rescue services to non-residents.

Click or tap here to enter text.

Attach a worksheet that details calculations for budget line items, to include personnel positions, hours, rates of pay, benefits; and listing of contracted services and amounts.

[ ] Attached [ ] Not Applicable