



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

**Title III Project Submission Form
CLALLAM COUNTY**

PLEASE PRINT OR TYPE (Complete all three pages; if additional space is needed, attach a separate page).

Return completed application to:

Debi Cook, Budget Director

223 East Fourth Street Suite 4

Port Angeles WA 98362-3015

Phone: (360) 417-2382 Fax: (360) 417-2493

Date: _____

PROJECT NAME: _____

PROJECT SPONSOR: _____

SPONSOR'S ADDRESS: _____

POINT OF CONTACT FOR PROJECT: _____

PHONE: _____ FAX: _____

E-MAIL: _____

PROJECT TYPE: (authorized uses per Sec 302(b))

- | | |
|--|---|
| <input type="checkbox"/> Search, Rescue and Emergency Services | <input type="checkbox"/> Forest Related Educational Opportunities |
| <input type="checkbox"/> Community Service Work Camps | <input type="checkbox"/> Easement Purchases |
| <input type="checkbox"/> Fire Prevention and County Planning | |
| <input type="checkbox"/> Community Forestry | |

PROJECT LOCATION: (attach map, if applicable)

STATEMENT OF PROJECT GOALS AND OBJECTIVES: _____

PROJECT DESCRIPTION: (Provide concise description of project and attach drawing, if applicable)

ESTIMATED COMPLETION DATE: _____

COORDINATION OF THIS PROJECT WITH OTHER RELATED PROJECT(S)?
[] Yes [] No If yes, then describe: _____

STATUS OF PROJECT PLANNING: _____

PROPOSED METHOD(S) OF ACCOMPLISHMENT: (Check those that apply)

- [] Contract [] Federal Workforce [] Local Gov't
[] County Workforce [] Volunteers [] Non-Profit
[] Other (specify): _____

ANTICIPATED PROJECT COSTS:

Total County Title III Funds Requested: _____

Table 1. Project Cost Analysis

ITEM	COLUMN A Requested County Title III Contribution	COLUMN B Other Contributions	COLUMN C Total Available Funds
Field Work and Site Surveys			
Permit Acquisition			
Project Design and Engineering			
Contract Preparation			
Contract Administration			
Contract Cost			
Workforce Cost			
Materials & Supplies			
Monitoring			
Other			
Project Sub-Total			
Indirect Costs (Overhead)			
TOTAL COST ESTIMATE			

IDENTIFY SOURCE(S) OF OTHER FUNDING FOR PROJECT: _____

PROJECT ACCOMPLISHMENTS/EXPECTED OUTCOMES: _____

WILL COOPERATIVE RELATIONSHIPS AMONG PEOPLE THAT USE FEDERAL LANDS BE IMPROVED? _____

HOW IS THIS PROJECT IN THE BEST PUBLIC INTEREST? IDENTIFY BENEFITS TO COMMUNITIES. _____

HOW DOES PROJECT BENEFIT FEDERAL LANDS/RESOURCES? _____

MONITORING AND REPORTING PLAN TO MEASURE ACCOMPLISHMENTS: _____
