

NRDAR RESTORATION FUNDING REQUEST

Type of funding being requested:

Restoration Planning

Restoration Implementation

Project Identification:

Site/Spill Name: _____ Location: _____

IF multiple settlements for site/spill, Settlement: _____

Case Manager:

Name: _____ Station: _____ Telephone# _____

Station where funds should be targeted: _____

Description of Use of Funds (if for implementation, list projects and amount for each project).

Attachments (check all included in package; if previously submitted, provide date submitted):

- _____ Final Consent Decree (Required with all requests)
- _____ Surnamed Settlement Tracking Form (FWS Form 3-2299) (Required with all requests)
- _____ Final Restoration Plan - ONLY required for restoration implementation funds
- _____ Signed Trustee MOU - ONLY required if joint settlement
- _____ Signed Trustee Council Resolution or other document demonstrating trustee approval - ONLY required if joint settlement
- _____ Funding Schedule - OPTIONAL (Use only with Restoration Implementation Funds)

Requested by:

_____ Authorized Official

_____ Date