



**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:

Kay Bury, Budget Analyst  
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	<i>COLUMN A</i> Requested County Title III Contribution	<i>COLUMN B</i> Other Contributions	<i>COLUMN C</i> 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)			
<b>TOTAL COST ESTIMATE</b>			

**IDENTIFY SOURCE(S) OF OTHER FUNDING FOR PROJECT:** \_\_\_\_\_

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**PROJECT ACCOMPLISHMENTS/EXPECTED OUTCOMES:** \_\_\_\_\_

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**WILL COOPERATIVE RELATIONSHIPS AMONG PEOPLE THAT USE FEDERAL LANDS BE IMPROVED?** \_\_\_\_\_

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**HOW IS THIS PROJECT IN THE BEST PUBLIC INTEREST? IDENTIFY BENEFITS TO COMMUNITIES.** \_\_\_\_\_

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**HOW DOES PROJECT BENEFIT FEDERAL LANDS/RESOURCES?** \_\_\_\_\_

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**MONITORING AND REPORTING PLAN TO MEASURE ACCOMPLISHMENTS:** \_\_\_\_\_

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