

Natural Resource Damage Assessment (NRDA)

Restoration Project Information Sheet

A General Information

Organization			
Contact Name (First Last)		Title	
Address		City	State ZIP
Phone Number	ext.	Email	
Organization Website			

B Project Information

Type of Project	If this is a Change to an Existing Project, enter the Project ID Number		
Project Name			
Location (e.g. John Smith National Wildlife Refuge)			
State(s) (Use 2-letter abbreviations separated by commas)	County/Parish	Watershed/Basin	
Latitude (decimal degrees)	Longitude (decimal degrees)	Project Size (Choose one)	Affected Area
		miles acres tons	acres

C Project Description

Please provide more information about the proposed project. (Limit 2,500 characters.)

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Restoration Project Information Sheet *(continued)*

D Project Activity(s)

(Check all that apply)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Maintenance/Management |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Land Acquisition | <input type="checkbox"/> Education |

E Project Habitat(s)

(Check all that apply)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Upland | <input type="checkbox"/> Marine/Estuarine Wetlands | <input type="checkbox"/> Beach/Dune |
| <input type="checkbox"/> Riverine | <input type="checkbox"/> Freshwater Wetlands | <input type="checkbox"/> Subtidal (Nearshore/Offshore) |

F Resource Benefit(s)

(Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Marine Mammals | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Water Column |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Terrestrial Wildlife | <input type="checkbox"/> Sediment/Benthos |
| <input type="checkbox"/> Reptiles/Amphibians | <input type="checkbox"/> Corals | <input type="checkbox"/> Shoreline |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Human Use (Recreational, Cultural) |

Will the project directly benefit State- or Federally-listed species? If so, please list them. If not, please indicate N/A.

G Project Status

Property/Resource Acquisition	Time to Implementation
Project Planning/Design	Time to Project Completion
Project Permitting.	
<i>Is this project included under a regional or statewide plan? If so, please list:</i>	

H Project Costs

Estimated Cost	Funding Available
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I Project Partners

Partner 1 Organization	
Partner 1 Contact	Partner 1 Involvement
Partner 2 Organization	
Partner 2 Contact	Partner 2 Involvement
Partner 3 Organization	
Partner 3 Contact	Partner 3 Involvement

Disclaimer:

The submission of project information **does not** guarantee project funding. Projects will be evaluated using criteria identified in OPA, NEPA, implementing regulations, and related laws. Selection and funding determinations will be made by the Trustee Council.