



APPLICATION FORM

2025-26 Watershed Stewardship Program Cover Sheet

PLEASE READ THE PROGRAM GUIDE before completing your proposal for required documentation.

This Cover Sheet must be completed in full and submitted with narrative, budget and supporting documents. Please complete the information below using no more than two pages.

Applicant Information

Section 1: Project Coordinator

Project Coordinator's Name:

Coordinator's Organization:

Mailing Address:

Phone Number:

Email:

Section II: Fiscal Agent

Fiscal Agent Contact Name:

Fiscal Agent/Organization:

Organization Mailing Address:

Phone Number:

Email:

Project Information

Project Name:

Total Amount of Funds Requested (maximum of \$30,000):

Project Location (address or closest street and cross street):

Please indicate the watershed(s) where this project is located:

Project Category (check all that apply):

Riparian or wetland restoration

Stormwater feature/pavement removal

Education/outreach

Stewardship of existing projects

Waterway clean-up

Other



CLACKAMAS
**WATER
ENVIRONMENT
SERVICES**

APPLICATION FORM

Provide a one-paragraph summary that describes your project:

For restoration and education projects, please fill in relevant information:

Area to be worked (ac. or s.f.)

Length of stream to be worked (l.f.)

For Educational projects:

Number of classes to participate

Number of classroom visits

Number of outdoor site visits

APPLICATION FORM

Note: Please attach this cover sheet to your project narrative and budget. Follow instructions on pages 7 to 9 of the Program Guide

RHSP 2025-2026 Budget Form

Project Name:

Activity/ Expense	RHSP Funds	Matching Funds, Goods and Services	Source of Match	Description: work tasks, items to be purchased, comments	Totals
Materials and Supplies	\$	\$	(Name of org)		
Plants					
Mulch					
Tools					
Erosion Control					
Mileage					
Printing					
Project Supplies					
Other (specify)					
Other (specify)					
Refreshments					
Work Party Snacks					
Staff/Professional Services					
Nonprofit/Agency Staff					
Contracted Services					
Administrative Fees					
Permits					
Other (specify)					
Volunteer Labor					
Volunteer Labor					
Total for Grant Project					
	RHSP Total	Matching Total			Project Total

NOTE: Suggested line items are provided here. These may be amended for your particular project, but please retain the blue category labels. Total RHSP budget request may not exceed \$30,000.

NOTE: Commercial general and automobile insurance is required in the amount of not less than \$1,000,000 combined single limit per occurrence / \$2,000,000 general annual aggregate for personal injury and property damage.