2011, 1st Special Session LCCMR Appropriation Ecological and Restoration Plan

Grantee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Property Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Township\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Range\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seller\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acreage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following and submit this form to your assigned DNR Grants Specialist.

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| **Designed to meet LCCMR Project and Acquisition Requirements ML 2011, 1st Special Session, Ch. 2, Art. 3, Sec.2 , Subd. 13** |
| For all new lands acquired, this document will meet the requirements for an **Ecological Restoration and Management Plan** by identifying: 1, 2, 3, 4, and 5 below: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| 1) To the degree practicable, this plan is consistent with the highest quality conservation and ecological goals for the restoration site: YES\_\_\_\_\_, NO\_\_\_\_\_.**Please provide an explanation/details:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| 2) Consideration was given to soil, geology, topography, and other relevant factors that would provide the best chance for long-term success of the restoration projects: YES\_\_\_\_\_, NO\_\_\_\_\_. **Please provide an explanation/details:**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3) The plan must include the proposed timetable for implementing the restoration, including site preparation, establishment of diverse plant species, maintenance, and additional enhancement to establish the restoration. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Implementation Timetable** |
| Activity | Timeline (month/year) | Describe specific work activities |
|  |  |  |
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|  |  |  |
|  |  |  |
| 4) The plan must identify long-term maintenance and management needs of the restoration and how the maintenance, management, and enhancement will be financed;  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Long-term Needs** |
| Need | Timeframe (yrs to yrs) | Funding needed | Funding source |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5) The plan takes advantage of the best available science and includes innovative techniques to achieve the best restoration: YES\_\_\_\_\_, NO\_\_\_\_\_. **Please provide an explanation/details.**   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attach maps, species lists, additional pages as needed, and provide any additional comments.** |

This is a restoration or land acquisition that does not involve DNR Land Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NGO signature must be from individual with land restoration skills and background.** Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restoration is on DNR Land. Approved by DNR Area Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_