

CPL Program Ecological Restoration and Management Plan

Contract #/PO #	
Organization Name	
Name of Project	
FY of Grant Awarded	
Contact Name	
Contact Phone	

Please choose the correct response to the below statements as it relates to your project:

- Written contact was made to the Conservation Corps of Minnesota and Iowa for consideration of possible use of their services to contract for restoration and enhancement services.
Yes No, explain:
- This project is on land in public ownership or on land permanently protected by a permanent conservation easement.
Yes No, explain:
- Is this project consistent with the highest quality conservation and ecological goals for the site?
Yes No, explain:
- Is the best available science being used to achieve long-term success and durability?
Yes No, explain:
- Will seed mixes or plants be added to the site during this project? If yes, please include species mixes along with this document.
Yes No, explain:
- Has consideration been given to soil, geology, topography, and other relevant factors that would provide the best chance of long term success of this site?
Yes No, explain:

Implementation Time Table:

Activity	Timeline	Describe Specific Work Activities
	Year:	
	Year:	
	Year:	
	Year:	
	Year:	

Identify Long Term Maintenance/ Management Needs and Source(s) of Funding:

Need	Timeframe	Financial Source

For Acquisition Projects Only:

- Is this project for fee-title acquisition or for an easement acquisition?

Fee-title Acquisition	Permanent Easement Acquisition
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- Will this property (easement or fee title) be held by or transferred to a public agency?

Yes	No
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If yes, complete the table below as an “analysis of increased operations and maintenance costs likely to be incurred by public entities as a result of the acquisition”. Use the best estimates possible.

Additional work required by acquisition	Operations Costs	Maintenance Costs	Funding Source

I certify that the information provided above is accurate and that I am authorized by the above organization to submit this report. If this information should change at any time during the grant period, I will notify CPL staff immediately.

Name:

Title:

Please submit this form within 30 days of work beginning on the project above or with your first payment request. You may email this form to CPL grant staff at lscplgrants.dnr@state.mn.us.