# Private Forest Accord Grant - Fall 2026 Solicitation

*Oregon Department of Fish and Wildlife*

## *Grant Information*

### Project Name/Title*
Insert the full project name assigned by ODFW.

*Character Limit: 80*

### Project ID Number*
Fill in the the unique PFA project agreement code that is found at the top right corner of your Project Agreement.

(Example) **PFA2023-02**

*Character Limit: 10*

### Invoice Period Start Date*
*Character Limit: 10*

### Invoice Period End Date*
*Character Limit: 10*

### Reporting Type*
Select the project type this report is for

#### Choices
Advancement Project
Standard Reimbursement Project

### Reimbursement Request?
For reimbursement-based projects, are you requesting a project reimbursement with this report?

#### Choices
Yes
No

### Match/Cost-Share*
Does your project have a match or cost-share to report on?

#### Choices
Yes
No

### Is this an implementation-based project?*
#### Choices

Yes
No

# *Grantee Information*

## Organization Name*

The lead organization that has a signed agreement with PFA Grants should complete this application.

*Character Limit: 250*

## Lead Organization Federal Tax ID Number*

*Character Limit: 11*

## Address*

(To send a check to)

*Character Limit: 250*

## Submitter Name*

*Character Limit: 200*

## Submitter Phone Number (###-###-#### x###)*

*Character Limit: 50*

## Submitter Email*

*Character Limit: 254*

# *Statement of Work*

## Summary of Activities*

Summary of activities that occurred during this grant reporting period since the last performance report and general project outlook. (i.e. general updates on the project to help document progress, such as kick-off meetings, agreement executions, delays, permitting, groundwork, expenditures, etc.). Briefly discuss any quantifiable implementation metrics such as acres of restoration implemented, stream miles opened, culverts modified, replaced, or retrofitted, acreage of floodplain reconnected, miles of road disconnected, or any other fish passage improvement metric).

*Character Limit: 4000*

## Challenges Faced*

Did the project experience significant challenges, and do you have any plans to mitigate the situation? (i.e., weather delays have changed the anticipated timelines and resulted in expected project amendments.)

*Character Limit: 4000*

# *Reimbursement Financials*

## Budget Item Requests for THIS Invoice Period

Fill out this table to request a reimbursement for the invoice period you listed above in "Grant Information." Funds must be reported based on the categories in your pre-approved budget. All fields are required. Enter 0 as applicable.

Please Note: Ten percent (10%) of the total funds granted will be withheld until the Project Completion Report and required supporting documentation are submitted. All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards on the proof of payment document.

| BUDGET CATEGORY | TOTAL COST (In US Dollars) |
|---|---|
| Personnel Costs | |
| Employee Benefits | |
| Contractual Costs | |
| Supply Costs | |
| Equipment Costs | |
| Travel Costs | |
| Other Costs | |
| Indirect Costs | |

| TOTAL REIMBURSEMENT REQUEST | |
|---|---|

## Budget Description*

Provide a detailed breakdown of all expenses you are requesting reimbursement for. Separate this information into categories that match the budget categories listed above. For each category, provide a description of the specific costs you incurred. Please include any date, or date ranges, when possible.

**Example:**

**Category: Personnel**

- Description: Salary for Project Manager (10 hours/week for 4 months Aug. 2024 - Nov 2024 @ $/hr)
- Requested Reimbursement: $4,000

**Category: Travel**

- Description: Gas for work truck for transportation to and from project site and locations.
- Requested Reimbursement: $3,500

**Category: Supplies**

- Description: Field supplies (plants, logs, shovels, etc.) and research materials (books, journals)
- Requested Reimbursement: $500

*Character Limit: 10000*

# *Advancement Financials*

## Advancement Use for THIS Invoice Period

Fill out this table to identify how the advancement was used for this reporting period, the invoice period you listed above in "Grant Information." Funds must be reported based on the categories in your pre-approved budget. All fields are required. Enter 0 as applicable.

Please Note: Ten percent (10%) of the total funds granted will be withheld until the Project Completion Report and required supporting documentation are submitted. All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards on the proof of payment document.

**All advancements must be fully used within 120 days of receipt by the Grantee.**

| BUDGET CATEGORY | TOTAL COST (In US Dollars) |
|---|---|
| Personnel Costs | |
| Employee Benefits | |
| Contractual Costs | |
| Supply Costs | |
| Equipment Costs | |
| Travel Costs | |
| Other Costs | |
| TOTAL ADVANCEMENT USED | |

## Advance Funding Summary

All fields are required. Enter 0 if none.

| | |
|---|---|
| Initial Advance Requested | |
| Previous Advance Used in Last Invoicing Period (ENTER AS NEGATIVE) | |
| Current Advance Used (ENTER AS NEGATIVE; Should match "Total Advancement Used" above) | |
| REMAINING ADVANCE | |

# *Project Match/Cost Share*

## Current Project Match/Cost Share (if applicable)*

Define the total match/cost share reported for this invoice period, since you last filed a progress report. Lump all match/cost share into one line item.

If no match was used since your last invoice, please type in "$0" and note that match wasn't used in the Narrative section below.

*Character Limit: 20*

## Cumulative Project Match/Cost Share (if applicable)*

In total, what is the total project match/cost share reported to date.

*Character Limit: 20*

## Match/Cost Share Narrative*

Briefly describe how match/cost share was used for this invoice period.

*Character Limit: 2500*

# *Implementation Monitoring Plan*

All projects that propose any implementation must provide a completed Implementation Monitoring Plan following the PFA Grant Guideline template posted at PFAGrants.com (https://www.dfw.state.or.us/habitat/PFA/f. orms.html)

## Implementation Monitoring Plan Confirmation*

Does your Implementation monitoring plan include baseline data collection procedures, established photo points, maps highlighting work locations, impact acreage, land use, and other relevant information?

### Choices

Yes

## Upload Implementation Monitoring Plan*

Upload a version of the final implementation monitoring plan for your project. If you've already uploaded and received approval, please state that below in this box to proceed.

*Character Limit: 250 | File Size Limit: 20 MB*

## Optional document URL

If larger documents are stored in an accessible location such as Dropbox, Google Drive, OneDrive, etc., you may enter the url here.

*Character Limit: 2000*

### Implementation Monitoring Plan Update*

Please provide an update on the status of the implementation monitoring plan since your last progress report.

*Character Limit: 5000*

## *Attachments*

- **Attach supporting documentation here (i.e., planning documents, receipts, invoices, proof of payment, photo monitoring, contracts, agreements, flyers, baseline data, survey reports, other supporting data, etc.).**
- **Similar receipts may be clumped into one line item attachment.**
- **All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards.**

### Optional Document URL

If larger documents are stored in an accessible location such as Dropbox, you may enter the url here.

*Character Limit: 2000*

### Attachment 1

*File Size Limit: 10 MB*

### Attachment 2

*File Size Limit: 10 MB*

### Attachment 3

*File Size Limit: 10 MB*

### Attachment 4

*File Size Limit: 10 MB*

### Attachment 5

*File Size Limit: 10 MB*

### Attachment 6

*File Size Limit: 10 MB*

### Attachment 7

*File Size Limit: 10 MB*

# *Certification*

## Grantee Certification*

I declare that the narrative and expenses for this project are true, correct, and complete to the best of my knowledge.

### Choices

Yes

## Grantee Authorized Representative Name*

*Character Limit: 200*

## Grantee Authorized Representative Title*

*Character Limit: 250*

## Certification Date*

*Character Limit: 10*