

2023-25

# Agricultural Water Quality Support Grant Application Form



OREGON  
DEPARTMENT OF  
AGRICULTURE

Agricultural Water Quality Program  
503.986.4700

## Application submission requirements

- All application documents must be submitted to <https://files.oda.state.or.us/?login=AGWQSupportGrant> by 10 p.m. May 3, 2023.
- Submit a PDF of application and all supporting attachments.
- Supporting documents must be attached, or your application may be rejected. These items include: Racial and Ethnic Impact Statement, complete application, and budget form. Liability Insurance provider contact information and a Federal Employee Identification Number (FEIN) or current nonprofit tax ID status.
- Add additional pages as needed to complete the application.

Please direct questions on the 2023-25 ODA Ag Water Quality Support Grant Application or proposal development to:  
Amanda Robinson  
Email: [amanda.robinson@oda.oregon.gov](mailto:amanda.robinson@oda.oregon.gov)  
Phone: 503.551.8448

**\*\*\*Other than monitoring, Funds cannot be used for implementation of on-the-ground projects\*\*\***

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## Proposal title

(Using six words or less give your project a descriptive title)

## County/counties and Area Plan where proposal is located

## Type of organization

A grant applicant must be one of these legal entities: State of Oregon Soil and Water Conservation District, recognized Watershed Council or their fiscal sponsor; and carry appropriate liability insurance and have a Federal Employee Identification Number (FEIN) or current non-profit tax ID status.

Tax Identification Number: \_\_\_\_\_

Contact Information for Liability Insurance: \_\_\_\_\_

**ODA dollars requested: \$** \_\_\_\_\_ **Total cost for proposal: \$** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Manager Organization:** \_\_\_\_\_

Name of Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payee for Organization:** \_\_\_\_\_

Name of Payee: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. Does your project meet one or more of the following?** Check all that apply.

**A. Watershed Assessment.** Assess conditions on agricultural lands, i.e., design and/or complete watershed assessments designed to track progress toward Ag Water Quality Program goals or to inform adaptive management decisions as outlined in your local area plan. (These goals often overlap conservation partner goals and can simultaneously identify future projects and meet partner's strategic plan goals)

**B. Technical Assistance Outreach and Engagement.** Engage partners and landowners in workshops, tours, site visits, etc.; to address opportunities to improve ag water quality related to the applicable Area Plan (outreach around riparian health, soil health, non-point sources of pollution, Total Maximum Daily Loads [TMDLs], Focus Areas [FAs], Strategic Implementation Areas [SIAs], etc.).

**C. Monitoring.** Create monitoring plans specifically to address needs identified in the applicable Area Plans with stakeholder input to evaluate any of the following:

- Current conditions, mid-management conditions, long term conditions; and then share results with stakeholders and constituents.
- Provide guidance to regional partners around AWQ SIA monitoring protocol. Create a regional or statewide monitoring protocol. Participate in statewide conversation to guide AWQ monitoring overarching goals and decisions.
- Plans can include funding for water quality monitoring equipment and/or testing results.

**D. Collaboration.** Develop strategic plans together with other local conservation partners across Management Areas to advance the goals of the AgWQ Program Area Plans (e.g. at the scale of a Management Area or basin (4-digit HUC) collaborate with partners to develop AgWQ Monitoring plans, develop and conduct AgWQ assessments, write grants, prepare landowners in a region for an SIA, etc.).

## Proposal Information

- 2. Summary:** Include a statement of the proposal and include the following information: 1) Identify the proposal location; 2) Briefly state the Area Plan problem; 3) Describe the proposed work addressing the problem; 4) Identify project partners, if any. (It is important to be concise and keep this to 1,800 characters or less.)

**3. Location:** (include at least one latitude/longitude location)

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of Area Plan you're referencing: \_\_\_\_\_

Watershed HUC(s):

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**4. Elaborate on the Area Plan Problem briefly stated in the Proposal Summary.**

**5. Proposed Work.** Explain the proposals goals, objectives, and measurable results. Describe how the proposed work will address the Area Plan problem. Include a timeline that shows when project work will occur and the completion date. See instructions section for specific guidance on goals and objectives.

## 5. Proposed Work continued

**6. To accomplish goals identified in this proposal, will other grant programs be utilized?** If yes, briefly describe the other proposal(s). **Which elements of the proposal will ODA funds be used for?** Be specific to activity and specific timing of the activity.

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**7. Will this proposal be completed in phases over a number of biennia?** Describe what objectives will be accomplished in the current biennia, and what may need to be phased into future biennia. Deliverables in current biennium must be accomplished by June 30, 2025. Each biennium is subject to current funding conditions.



**8. Describe how these grant funds will be used differently than, or in addition to, what you are already committed to doing with existing SIA grant funds?** (This question only applies to where there is an existing SIA.)

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**9. Are there additional partners?**

Yes

No

Who are the additional partners and what are their roles and responsibilities supporting this proposal?

**10. Did you consult with regional ODA Ag Water Quality Staff to help develop your proposal?**

If yes, who? \_\_\_\_\_

**11. Describe any aspects of the proposed work that may relate to climate change mitigation or adaptation.**

Please describe briefly (1,000 character limit).

**12. Insurance information.**

If applicable, select all the activities that are part of your proposal. Below activities will require additional insurance.

Applicant, staff or volunteers are working with kids related to this project

Applicant staff or contractors transporting volunteers on water

Applicant, staff or contractor will be using Drone/Unmanned Aircraft Systems for survey

**Racial and Ethnic Impact Statement**

*This form is used for informational purposes only and must be included with the grant application. Chapter 600 of the 2013 Oregon Laws require applicants to include with each grant application a racial and ethnic impact statement. The statement provides information as to the disproportionate or unique impact the proposed policies or programs may have on minority persons in the State of Oregon if the grant is awarded to a corporation or other legal entity other than natural persons, "Minority persons" are defined in SB 463 (2013 Regular Session) as women, persons with disabilities (as defined in ORS 174.107), African-Americans, Hispanics, Asians or Pacific Islanders, American Indians and Alaskan Natives.*

1. The proposed grant project policies or programs could have a disproportionate or unique positive impact on the following minority persons (indicate all that apply):

- |                 |                             |                           |
|-----------------|-----------------------------|---------------------------|
| Women           | Asians or Pacific Islanders | Persons with Disabilities |
| Alaskan Natives | African Americans           | American Indians          |
| Hispanics       |                             |                           |

2. The proposed grant project policies or programs could have a disproportionate or unique negative impact on the following minority persons (indicate all that apply):

- |                 |                             |                           |
|-----------------|-----------------------------|---------------------------|
| Women           | Asians or Pacific Islanders | Persons with Disabilities |
| Alaskan Natives | African Americans           | American Indians          |
| Hispanics       |                             |                           |

3. The proposed grant project policies or programs will **have no** disproportionate or unique impact on minority persons.

If you checked numbers 1 or 2 above, on a separate sheet of paper, provide the rationale for the existence of policies or programs having a disproportionate or unique impact on minority persons in this state. Further provide evidence of consultation with representative(s) of the affected minority persons.

I HEREBY CERTIFY on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , the information contained on this form and any attachment is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Grant Conditions

If this proposal is funded, you will be required to:

- Sign a Grant Agreement containing the terms and conditions for implementation, and release of funds.
- Carry required insurance during the duration of the work performed per the ODA Guidance and Instructions.
- Agree that reporting and monitoring information from proposals are public domain.

Before ODA releases any payments, you will be required to:

- Payments will be made only for work started after the award date of the grant agreement.
- Certify in the Grant Agreement that prior to starting work on private land, you have or will obtain signed cooperative agreements with the private landowner(s). (If placing monitoring equipment or collection devices on private property.)

Upon completing the work, you will be required to:

- Take part in an interim check-in by August 30, 2024.
- Submit a Project Completion Report by August 29, 2025, as required in the Grant Agreement before final payment will be made.

## Certification

I certify that this application is a true and accurate representation of the proposal and that I am authorized to sign as the Applicant. By the following signature, the Applicant certifies that they are aware of the requirements (see Application Instructions) of an ODA grant and are prepared to implement the project if awarded.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_