**PINEDALE ANTICLINE PROJECT OFFICE (PAPO)**

1625 West Pine St.

PO Box 768

Pinedale, WY 82941

**2025 PAPO APPLICATION FOR FUNDING**

**(Deadline for applicants is January 31, 2025. Use additional sheets if necessary)**

**GENERAL PROJECT INFORMATION**

***Project Name:***

***General Location* (distance and direction from nearest city/town, attach map if applicable):**

***Legal Location of Project:***

Township

Range

Section(s)

County

***Surface Ownership*** (check all that apply): Federal \_\_\_\_\_ State \_\_\_\_\_ Private \_\_\_\_\_

\*\*If project includes a mix of federal, state and/or private lands, provide a breakdown for each ownership by acres and percent of total project area.

***Contact Information for Affected Parties of Agencies:***

**APPLICANT INFORMATION**

***Name/Organization***:

***Mailing Address*** (include city, state and zip):

***Daytime Phone*:**

***Fax*:**

***Email Address***:

***Point of Contact*** (if different from above):

**PROJECT DESCRIPTION**

***General Project Type*** (check all that apply):

Land Use/Livestock \_\_\_\_\_

Land Use/Recreation \_\_\_\_\_

Cultural \_\_\_\_\_

Wildlife/Aquatic \_\_\_\_\_

Air \_\_\_\_\_

Other \_\_\_\_\_

***Describe Project Proposal*** (such as, mechanical treatments, water improvement, etc.)

***Total Project Acres*** (if applicable)

***Acres Indirectly Affected*** (if applicable, explain)

**WHAT ARE THE OBJECTIVES OF THE PROJECT?**

**HOW DOES THE PROJECT MEET THE PAPO STRATEGIC PLAN GOALS?** (please refer to the PAPO 2025 Ranking Score Sheet)

**HOW DOES THE PROJECT MEET THE 2025 PAPO PRIORITIES?** (please refer to the PAPO 2025 Ranking Score Sheet)

**WHAT ARE THE DIRECT AND/OR INDIRECT EFFECTS ON OTHER RESOURCES?**

**WHAT IS THE POTENTIAL FOR FUTURE EXPANSION OF THE PROJECT?**

**LIST ALL PROJECT PARTNERS/COOPERATORS, THEIR ROLES AND/OR CONTRIBUTIONS:**

**PROJECT MONITORING AND REPORTING:** (describe how monitoring and reporting will be done, and how it relates to the objectives)

**RESEARCH POTENTIAL:** (describe the research potential of the project)

**PERMITS AND AUTHORIZATIONS REQUIRED PRIOR TO PROJECT IMPLEMENTATION:** (including but not necessarily limited to the following)

|  |  |  |  |
| --- | --- | --- | --- |
| **PERMIT OR AUTHORIZATION** | **REQUIRED** | **SUBMITTED** | **APPROVED** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  |  |  |  |  |  |  |
|  Cultural Resource Inventory  |  |  |  |  |  |  |
|  COE Section 404 Permit  |  |  |  |  |  |  |
|  Cooperative Agreement(s)  |  |  |  |  |  |  |
|  NEPA Analysis  |  |  |  |  |  |  |
|  Pesticide Application Permit  |  |  |  |  |  |  |
|  Private Landowner Agreement(s)  |  |  |  |  |  |  |
|  Sensitive Species Clearance  |  |  |  |  |  |  |
|  Surface/Ground Water Permits  |  |  |  |  |  |  |
|  T/E Species Clearance  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other (explain) |

**TOTAL PROJECT COST:** (attach detailed budget)

Project Planning and Design $\_\_\_\_\_\_\_\_

Project Implementation $\_\_\_\_\_\_\_\_

Project Operation and Maintenance $\_\_\_\_\_\_\_\_

Total Required $\_\_\_\_\_\_\_\_

**MATCHING FUNDS ANTICIPATED IN CASH** (list source and amount)

**ANTICIPATED “IN KIND” MATCHING FUNDS** (list source, valuation, and valuation method)

**PERCENTAGE OF FUNDING ON HAND OR COMMITTED**

**TOTAL PAPO FUNDING REQUESTED:** $

**EXPECTED/ANTICIPATED LIFE OF PROJECT (LOP)**

Perpetual \_\_\_\_\_ >50 Years \_\_\_\_\_ 25-50 Years \_\_\_\_\_ <25 Years \_\_\_\_\_

Explain Basis for Projected LOP:

**PROJECT TIMELINE AND ESTIMATED COMPLETION DATE: Please explain.**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Map of Project \_\_\_\_\_ (scale of not less than 1” = 2,000 feet)

Project Design \_\_\_\_\_

Letters of Support \_\_\_\_\_

Management Plan \_\_\_\_\_ Long Term \_\_\_\_\_ Short Term \_\_\_\_\_

Monitoring Plan \_\_\_\_\_ Long Term \_\_\_\_\_ Short Term \_\_\_\_\_

Relevant Past Experience \_\_\_\_\_

Other \_\_\_\_\_ (please explain)

**ADDITIONAL INFORMATION FOR PAPO CONSIDERATION:**

ACKNOWLEDGEMENT: This project and requested funding is subject to approval by the Pinedale Anticline Monitoring and Mitigation Board of Directors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date