

Application Authorization Memorandum

Each organization submitting a project must complete this form.

TO: Salmon Recovery Funding Board (SRFB)
PO Box 40917
Olympia, Washington 98504-0917

THROUGH: Island County


FROM: Island County Planning and Community Development Department

Through the lead entity identified above, the SRFB is hereby requested to consider this application for financial assistance for the Salmon Recovery project(s) described below and to grant funding from such State and Federal sources as may be available. This application is prepared with knowledge of and in compliance with SRFB's policies and procedures. Further, we agree to cooperate with the SRFB by furnishing such additional information as may be necessary to execute a SRFB Project Agreement and to adhere to all appropriate state and federal statutes governing grant monies under the Project Agreement. We are aware that the grant, if approved, is paid on a reimbursement basis. We agree that all application materials, including photos, slides, site drawings, maps, etc., become the property of IAC/SRFB and may be used by IAC/SRFB for education, information, or other non-commercial purposes in publications, presentations or on the IAC/SRFB web site.

Project Name: Strawberry Point Protection Assessment

I/we certify that to the best of our knowledge, the data in this application is true and correct. In addition, I/we certify that the matching resources identified in the grant are committed to the above project. I/we acknowledge responsibility for supporting all non-cash commitments and donations should they not materialize.

Authorized Representative:


(signature)

8-7-06
(date)

Printed Name and Title: Wm. L. McDowell, Chairman, Island County Board of Commissioners