 

**Rhode Island Coastal and Estuary Habitat Restoration Fund**

**Pre-Proposal Form 2025/2026**

1. **PROJECT SUMMARY**
2. **Project Title :**
3. **Project Location** *(include map)*:
4. **Project type** *(Planning, Design, Construction, Monitoring and Assessment or Other):*
5. **If other, please specify:**
6. **Habitat type** *(River System, Salt Marsh, Seagrass Bed, Shellfish Bed, Coastal Upland,* *nearshore habitat (intertidal, subtidal, submerged) Beach and Dune, tidal wetlands (Include all that apply):*
7. **If other, please specify**:
8. **CRMC Classified coastal feature or SAMP Area, if applicable:**
9. **Total acreage of habitat(s) or river miles to be restored** (*if there are multiple habitat types, please specify numbers of acres by type in response*):
10. **□ This is an ongoing project that has previously received funds from the CRMC Coastal and Estuarine Habitat Restoration Fund. If yes, year(s) funding was awarded and amount(s):**
11. **PROJECT MANAGER CONTACT INFORMATION**
12. **Name:**
13. **Organization:**
14. **Address:**

1. **City: 5. State: 6. Zip:**

**7. Phone: 8. Email:**

* 1. **Property Owner(s):**

**□** The applicant can document ownership of project site or permission to perform all proposed restoration, maintenance, and monitoring activities (Proof of ownership or property owner permission will be required as part of the full project proposal.)

1. **PRELIMINARY BUDGET**
2. **Amount Requested from Trust Fund:**
3. **Matching Funds** *(please note sources of match as illustrated below)***:**

|  |  |  |
| --- | --- | --- |
| **Source of Match** | **Amount** | **Cash or In-Kind?** |
| (*Example*) *Municipal Restoration Fund* | *$6,000* | *Cash* |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Match Amount:** | *$6000* |  |

**3. Total Project Cost:**

**IV. PROJECT DESCRIPTION (one page maximum)**

**1. Justification and Purpose**

*Describe the human impacts and any previous restoration activities at the proposed project site. (Planning project areas may include multiple impacted sites. Please describe the impacts and previous restoration activities at each). Briefly describe the proposed project, its restoration goals, long-term and short-term outcomes. Highlight evidence (if any) that the project is in a community that has historically received less investment in environmental restoration. ~~any direct benefits to traditionally underrepresented and / or underserved communities~~.*

**2. Project Activities, Schedule and Work Plan**

*Describe the planned on-the-ground project activities, and when they are scheduled to occur.*

1. **Coastal Resiliency**

*Describe how the proposed project addresses or considers resilience to frequent storm events and/or sea level rise impacts that have increased coastal erosion.*

**AUTHORIZED AGENT OF LEAD ORGANIZATION**

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**Signature Date**

**Please include the following with your pre-proposal:**

**□** Map indicating proposed project location

**□** Ground-level photograph(s) of existing site conditions

***\*\*\*Note: Letters of support will not be accepted for pre-proposals, but will be considered with full proposals.\*\*\****

Return completed pre-proposal no later than **4:00 p.m. on Friday, October 31st, 2025,** to:

**Bruce Lofgren, AICP**

**RI Coastal Resources Management Council**

**Oliver Stedman Government Center**

**4808 Tower Hill Road**

**Wakefield, RI 02879**

**blofgren@crmc.ri.gov**

Applicants are required to submit one (1) hard copy and one (1) electronic copy in PDF format.

Contact Bruce Lofgren at via email or at **401-783-3370** with any questions.