

Lincoln Land Legacy Project
Project Submission Form

PLEASE PRINT OR TYPE
Additional documents or information
can be attached if necessary

Return completed application to:
Janet Harrison
225 West Olive St, Room 110
Newport, OR 97365
Phone: (541) 265-4108

Date: _____

PROJECT NAME: _____

**PROJECT SPONSOR
EASEMENT HOLDER:**

SPONSOR'S ADDRESS: _____

CONTACT PERSON FOR PROJECT:

PHONE: _____ **FAX:** _____

E-MAIL: _____

PROJECT LOCATION: (attach tax map identifying location)

STATEMENT OF EASEMENT PURPOSES AND VALUES:

PROJECT DESCRIPTION: (Provide concise legal description of project and attach drawings, maps or photos, if applicable, supporting purposes and values identified above)

COORDINATION OF THIS PROJECT WITH OTHER FUNDERS OR ORGANIZATIONS:

Yes No If yes, then describe:

ANTICIPATED COSTS OF PROJECT:

IDENTIFY SOURCE(S) OF OTHER FUNDING FOR PROJECT:

PROJECT ACCOMPLISHMENTS/EXPECTED OUTCOMES:

HOW DOES THIS PROJECT SERVE THE PUBLIC INTEREST AND FULFILL VALUES OF LINCOLN LAND LEGACY PROGRAM?
