

# RESTORING THE RIVER

## HUDSON RIVER NATURAL RESOURCE DAMAGE ASSESSMENT

### RESTORATION PROPOSAL FORM

**Instructions** Please complete as many sections as possible. Your proposal will still be considered even if you are unable to fill out every section. If you need more space, please use additional paper and label appropriate sections. **Send completed forms to Sean Madden, New York State Department of Environmental Conservation, 625 Broadway, 5<sup>th</sup> Floor, Albany, NY 12233-4756; or by e-mail to smadden@gw.dec.state.ny.us.**

Your name:

Street address:

City, State, Zip:

Phone and Email:

**Project Description:** Please describe the restoration project.

**Project goals:** Briefly describe the purpose of the restoration project and explain how the project would address injured resources and/or losses to the public.

**Project goals, continued:** Will the restoration project accomplish any of the following: (Please check all that apply.)

Improve environmental quality (e.g. improve surface water quality, sediment quality, floodplain soils, etc.)

Improve habitat (e.g. improve riverbottom, aquatic vegetation, wetlands, shoreline, tributaries, and/or adjacent uplands)

Enhance/restore plant and animal species (e.g. protect/enhance specific wildlife or plants by improving habitat)

Enhance human uses (e.g. improve fishing and boating, improve wildlife viewing opportunities through creation of informative trails or educational programs)

Other (please explain):

**Project Location and Cost:** If you have a specific site in mind, briefly describe location; town/city and county; other identifying landmarks; historic conditions of site; potential cost (if known) and the landowner.

**Actions to date:** If known, briefly describe any actions, studies or funding commitments that have already been initiated for this project.

**Participants:** If known, please identify agencies/organizations likely to participate in project.

**Contacts:** Please provide names, addresses, phone numbers of people knowledgeable about the site and the proposed project.

**THANK YOU VERY MUCH FOR YOUR TIME!  
PLEASE CALL CONTACT BELOW IF YOU HAVE ANY QUESTIONS.  
PLEASE RETURN FORM TO:**

**Sean Madden**

NYSDEC, 625 Broadway, 5<sup>th</sup> Floor

Albany, NY 12233-4756

Phone: (518) 402-8977; smadden@gw.dec.state.ny.us