

Appendix Q. Sample Cooperator Reporting Forms⁷

⁷ Subject to revision over time with input from the USFWS and ODA.

Summary of Cooperator Reporting Forms and Purposes

Cooperator Reporting Form	When Required?	Purpose	Due
Form A: Project Impacts	Required as precursor to Cooperative Agreement when Cooperator needs authorization for permanent impacts identified in HCP.	Part A requests impacts.	Minimum of 3 months prior to project.
		Part B reports impacts.	December 31 of year with impacts.
Form B: Work Completed-Habitat Restoration, Enhancement and Management	Every year habitat restoration, enhancement or management work is completed.	Reports voluntary or mitigation related habitat restoration, enhancement and management work.	December 31 of year with work completed.
Form C: Effectiveness Monitoring Summary	Year 0 (baseline) of habitat restoration, enhancement and management work (for mitigation or conservation) and every 3 yr following.	Reports HCP species status and habitat condition, and tracks adaptive management thresholds.	By December 31 of year with monitoring completed.
Form D: Mitigation Notices	Required as part of Cooperative Agreement, any time Cooperator needs to complete mitigation for permanent impacts identified in HCP.	Part A notifies County of mitigation initiated.	Minimum of 3 months prior to project.
		Part B documents fulfillment of mitigation requirements.	By December 31 of the year mitigation is completed.



BENTON COUNTY PRAIRIE SPECIES HCP

Reporting Form A: Project Impacts

SUBMIT TO: BENTON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, 360 SW Avery Avenue, Corvallis, OR

PART A: REQUEST FOR IMPACTS (to be completed PRIOR to impacts).

Benton County will use this information to determine whether a HCP Cooperator's proposed impacts can be covered by the Benton County Prairie Species HCP. If impacts can be covered under Benton County's incidental take permit and HCP, additional information will be required to develop a Cooperative Agreement between the Cooperator and Benton County, and for a Certificate of Inclusion to be issued.

Cooperator Name: _____

Date of Proposed Impacts: _____

Location of Proposed Impacts: _____

Required Documentation: Project Map(s). Attach following maps:

- Location of project, including property boundaries.
- Extent of proposed project impact area.
- Location of Covered Species within impact area.

Required Documentation: Project Description. Attach a brief description of the activities that will result in the proposed impacts. In the case of utilities, this should include length of line installed or replaced within the Fender's Blue Zone and Nectar Zone, etc.

Required Documentation: Quantity of Covered Species to be Impacted by Proposed Project. Attach current Survey Report documenting species abundance within project area, or calculate native nectar species quantity (based on impact area and cover of 1.39% on roadsides or 1.7% elsewhere).

_____ Nelson's checkermallow (#)	_____ Kincaid's lupine (m ²) outside Fender's Blue Zone
_____ Bradshaw's lomatium (#)	_____ Kincaid's lupine (m ²) inside Fender's Blue Zone
_____ Willamette daisy (#)	_____ Native Nectar for Fender's blue butterfly (m ²)
_____ Peacock larkspur (#)	

Has mitigation already been completed for this project?

- No.
- Yes, copy of previously submitted Form D Attached.

_____ Date

Name of Cooperator

Address Phone

Community Development Director, Benton County Representative Date

PART B: REPORTING OF IMPACTS (to be completed AFTER impacts occur).
Benton County will use this information in its annual compliance reporting to the USFWS and ODA.

Cooperator Name: _____

Date(s) of Impacts: _____

Location(s) of Impacts: _____

- Required Documentation: Attach Project Maps (may refer to PART A if no change).**
 - Location of project, including property boundaries.
 - Extent of proposed project impact area.
 - Location of Covered Species within impact area.

Required Documentation: Attach Project Description (may refer to PART A if no change)
(Attach a brief description of the activities that resulted in impacts. In the case of utility work within the Fender’s Blue Zone, this should include length of line installed, replaced, area of ground disturbed, etc.).

Confirmed Quantity of Covered Species Impacted by Project:

_____ Nelson’s checkermallow (#)	_____ Kincaid’s lupine (m ²) outside Fender’s Blue Zone
_____ Bradshaw’s lomatium (#)	_____ Kincaid’s lupine (m ²) inside Fender’s Blue Zone
_____ Willamette daisy (#)	_____ Native Nectar for Fender’s blue butterfly (m ²)
_____ Peacock larkspur (#)	

_____ **[[[Signature of Cooperator Representative]]]** Date

_____ Name of Cooperator

_____ Address Phone

_____ Community Development Director, Benton County Representative Date

Total Acres Grazed:				

SPECIES INTRODUCTIONS/AUGMENTATIONS: (if multiple introductions per species, add row for total by each species).

SPECIES	DATE	# PLUGS PLANTED	# SEEDS PLANTED	NOTES

SEED/PLANT MATERIAL COLLECTION: (if multiple collections per species, add row for total by each species).

SPECIES	DATE	# RHIZOMES	# SEEDS	NOTES

COI Number: _____ COI Date: _____

[[[Signature of Cooperator Representative]]] _____ Date

Name of Cooperator _____

Address _____ Phone _____

Community Development Director, Benton County Representative _____ Date



BENTON COUNTY PRAIRIE SPECIES HCP Reporting Form C: Effectiveness Monitoring Summary

SUBMIT TO: BENTON COUNTY COMMUNITY DEVELOPMENT
DEPARTMENT, 360 SW Avery Avenue, Corvallis, OR

*Complete this form using effectiveness monitoring data from a single site, and **SUBMIT BY DECEMBER 31 OF THE YEAR IN WHICH MONITORING WAS COMPLETED. For Baseline Monitoring, complete the shaded fields only.** For continuing monitoring, if an adaptive management threshold has been triggered (e.g., if YES is checked in any box below), it is the responsibility of the landowner/manager to take and document the designated corrective action (see HCP Section 7.3.2).*

CHECK ONE: **WORK FOR MITIGATION** **VOLUNTARY WORK FOR CONSERVATION**

Cooperator Name: _____

Site: _____ **Date of Effectiveness Monitoring:** _____

HCP SPECIES STATUS/ABUNDANCE

Species	Abundance (note units)			% Change		THRESHOLD CHECK: >30 % Decrease from Prior?
	Baseline Date: (/ /)	Prior Monitoring Date: (/ /)	Current Monitoring	From Baseline =100x (Current # - Baseline #) / Baseline #	From Prior =100x (Current # - Prior #) / Prior #	
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

TREE AND SHRUB ENCROACHMENT

_____ Estimated baseline meadow size.
_____ % Estimated decrease in meadow size from baseline

THRESHOLD CHECK

Decrease >30%? YES NO

INVASIVE SPECIES: GROUP A

New population(s) discovered of _____
New population(s) discovered of _____

New occurrence? YES NO
New occurrence? YES NO

Existing population of _____ increased by _____% Increase >30%? YES NO
 Existing population of _____ increased by _____% Increase >30%? YES NO
 Existing population of _____ increased by _____% Increase >30%? YES NO

INVASIVE SPECIES: GROUP B

New population(s) discovered of _____ New population? YES NO
 New population(s) discovered of _____ New population? YES NO

Existing population of _____ increased by _____% Increase >30%? YES NO
 Existing population of _____ increased by _____% Increase >30%? YES NO
 Existing population of _____ increased by _____% Increase >30%? YES NO
 Existing population of _____ increased by _____% Increase >30%? YES NO

DISTURBANCE

Rodent ground disturbance: Baseline _____% of site, Current _____% Increase >30%? YES NO
 Mammal grazing of Covered plants: Baseline: _____% Current _____% Increase >30%? YES NO
 Significant windfall, erosion or hydrology issues? YES NO
 Briefly describe or attach additional sheets.

Describe baseline trail use/trampling: _____
 Significant increase in trail use or trampling? YES NO

Describe baseline surrounding land use _____
 Significant change in surrounding land use? YES NO

PLANT COMMUNITY COMPOSITION & PLANT LITTER/THATCH ACCUMULATION (5x5m plots)

	Total % Cover and Date			% Change		THRESHOLD CHECK: Change from Baseline?
	Baseline	Prior Monitoring	Current Monitoring	From Baseline = 100 x (Current # - Baseline #) / Baseline #	From Prior = 100 x (Current # - Prior #) / Prior #	
Native Species						>30 % Decrease? <input type="checkbox"/> YES <input type="checkbox"/> NO
Exotic Species						>30 % Increase? <input type="checkbox"/> YES <input type="checkbox"/> NO
Woody Vegetation						>15 % Increase? <input type="checkbox"/> YES <input type="checkbox"/> NO
Plant Litter/ Thatch						>30 % Increase? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER NOTES (attach additional pages)

COI Number: _____ COI Date: _____

[[[Signature of Cooperator Representative]]] Date _____

Name of Cooperator _____

Address _____ Phone _____

Community Development Director, Benton County Representative Date _____



BENTON COUNTY PRAIRIE SPECIES HCP

Reporting Form D: Mitigation Notices

SUBMIT TO: BENTON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, 360 SW Avery Avenue, Corvallis, OR

PART A: NOTICE OF MITIGATION INITIATION

Submit this form before work to fulfill a mitigation requirement has been initiated.

Cooperator Name: _____

Prairie Conservation Area (PCA) Mitigation Site: _____

Date Mitigation Project Initiated: _____

Required Documentation:

- Project Description.** Attach a brief description of the mitigation project. If all or part of the required mitigation is to be completed through habitat enhancement and restoration, describe planned management actions, e.g., mowing and burning regime.
- Map of the PCA.** Show where mitigation will occur.
- Baseline Habitat Assessment** of mitigation site (Reporting Form C).
- Effectiveness Monitoring Plan** for mitigation project.

Quantity of Covered Species to be established:

SPECIES	#/m ² REQUIRED FOR MITIGATION	# PLUGS PLANNED FOR PLANTING	# SEEDS PLANNED FOR PLANTING	NOTES

COI Number: _____ COI Date: _____

_____ Date

_____ Name of Cooperator

_____ Address Phone

_____ Community Development Director, Benton County Representative Date

