

**Peconic Estuary Program**  
**Habitat Restoration Site Description/Nomination Form**

Please provide as much information as possible for each site but keep to one (1) page. A contact person must be identified on each nomination form. List only one (1) site per form. If you have questions about filling out this form, please call or email: Elizabeth Hornstein @ (631) 444-0871 [elizabeth.hornstein@dec.ny.gov](mailto:elizabeth.hornstein@dec.ny.gov), Alison Branco @ (631) 852-5805 [alison.branco@suffolkcountyny.gov](mailto:alison.branco@suffolkcountyny.gov), or Sarah Schaefer @ (631) 852-5806 [sarah.schaefer@suffolkcountyny.gov](mailto:sarah.schaefer@suffolkcountyny.gov).

Please return completed forms by **February 13, 2017** to: Elizabeth Hornstein, Peconic Estuary Program State Coordinator, NYSDEC, Bureau of Marine Resources, 205 N Belle Mead Road, Suite 1, East Setauket, NY 11733, [elizabeth.hornstein@dec.ny.gov](mailto:elizabeth.hornstein@dec.ny.gov).

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**SITE NAME:**  
**LOCATION/ADDRESS:**

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**CONTACT INFO**  
**CONTACT NAME:**  
**ORGANIZATION:**  
**ADDRESS:**  
**PHONE:**  
**EMAIL:**

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**PROJECT DESCRIPTION (general description of restoration work, size in acres, level of disturbance, justification, benefits, costs, etc.):**

**HABITAT TYPE (tidal wetland, freshwater wetland, eelgrass, beach/dunes, intertidal flats, coastal forest, coastal grassland, riverine habitat/migratory corridors, shellfish/shellfish habitat):**

**OWNERSHIP (public, private, utility, other):**

**ADDITIONAL INFO:**

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**CONTRIBUTABLE RESOURCES (planning, design, funding, labor, equipment, technical assistance/oversight, etc.):**