



COLORADO WATER CONSERVATION BOARD

SEVERANCE TAX OPERATIONAL FUND GRANT APPLICATION

Project Title:
Date of Application:

The CWCB Severance Tax Operational Fund exists primarily to provide grants for regional water resources planning studies and associated demonstration projects, within mineral impacted areas of the State. Grants are approved when the study or demonstration project benefits a wide range of people and organizations, and/or a large geographical area.

* Application Deadline: January 31st for Funds Available July 1st Annually

* Funding recommendations will be considered at the March CWCB Board Meeting Annually

* Severance Tax Funding is conditional upon legislative approval

This application form should be completed in detail. You may attach additional sheets as necessary to fully answer any question, or to provide additional information that you feel would be helpful in evaluating this application. If you have difficulty with any part of the application, please contact the Colorado Water Conservation Board's Finance Manager, Lauren Miremont, for assistance at (303) 866-3441, ext 3205 or email at lauren.miremont@state.co.us.

Part A. - Applicant Contact Information

1a. Applicant Name(s):

Mailing Address:

Taxpayer ID No: Email Address:

Phone Numbers - Business:
Cell:

2a. Person to contact regarding this application if different from above:

Name:

Position/Title:

Mailing Address:

- 3a. Please provide a brief description of your organization below: (Attach separate sheets and a map, if needed)

Part B. - Description of the Study or Demonstration Project

- 1b. Name of the study or project:

- 2b. What is the purpose of this grant application? Check one.

Engineering Study

Planning Study

Other (Please describe)

- 3b. General location of the study or demonstration project. (Please include county and approximate distance and direction from the nearest town):

- 4b. Please provide a brief narrative description of the proposed study or demonstration project including purpose, need, and service area. (Attach scope of study, if available)

5b. Please indicate which program your project will benefit most AND describe its relationship to local water planning:

<input type="checkbox"/>	Interstate and Federal Program
<input type="checkbox"/>	Finance Program
<input type="checkbox"/>	Instream Flow and Natural Lake Level Program
<input type="checkbox"/>	Conservation and Drought Planning Program
<input type="checkbox"/>	Watershed and Flood Protection Program
<input type="checkbox"/>	Water Information Program
<input type="checkbox"/>	Water Supply Planning Program
<input type="checkbox"/>	Other (describe below):

Relationship Description:

6b. Please list the names and address of technical or legal consultants retained to represent the applicant or to conduct investigations for the proposed study/demonstration project:

<u>Name</u>	<u>Address and Phone</u>
<div></div>	
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7b. List any feasibility study or scope of study that has been completed, or is in progress, for the proposed study/demonstration project. (Please submit one copy with this application):

8b. What is the estimated cost of the study/demonstration project? Please include estimated Study, Planning, Engineering, and Construction costs, if known:

Estimated Planning/Study Costs:

\$

Estimated Engineering Costs:

\$

Estimated Construction Costs:

\$

Estimated Total Costs:

\$

9b. How much funding are you requesting?

\$

Where will the rest of the funding come from?

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Part C. Project Sponsor Financial Information

1c.

Please provide a brief narrative description of potential sources of funding (in addition to the CWCB) which have been explored for the proposed study or demonstration project. (Examples would be Local County and Town Governments, Water Conservancy Districts, USDA Rural Development, The Natural Resources Conservation Service, The U.S. Environmental Protection Agency, Commercial Banks, etc.)

Please provide a signed W-9 form.

These statements are true to the best of my knowledge.

Signature of Applicant:

Print Applicant's Name:

Title:

Date:

Please submit application and all supporting documentation to lauren.miremont@state.co.us.

For questions, call (303) 866-3441, ext. 3205