

CARSON WATER SUBCONSERVANCY DISTRICT

777 E. William St., #110A
Carson City, NV 89701
775/887-7450, fax 775/887-7457

SCHEDULE AND CRITERIA FOR FUNDING REQUESTS

SCHEDULE:

The completed application must be submitted to Carson Water Subconservancy District (CWSD) by **February 1, 2018**. In late February or early March CWSD Finance Committee will review all funding requests. From that meeting a proposed tentative budget will be sent to the full board for consideration at the March meeting. In May, the Board will review any changes to the tentative budget and adopt a final budget.

Funding for projects that are approved by the CWSD Board will become available on July 1, 2018. Successful applicants will be required to fill out a Project Summary Tracking Sheet with the project contract. Please complete the attached project application. Please contact Ed James if you have questions 775.887.7456.

CRITERIA FOR EVALUATING FUNDING REQUESTS:

- A. All funding requests shall meet all of the following criteria:
1. CWSD can legally participate in the funding of the project.
 2. CWSD finds the project to be technically and environmentally sound.
 3. CWSD finds that the project can be permitted within a reasonable period of time.
- B. All funding requests should be consistent with the Carson River Stewardship Plan ([Link to Draft Stewardship Plan Update 2017](#)) and meet one or more of the following criteria:
1. The project will provide regional benefits within the Carson River Watershed.
 2. The project will improve water quality.
 3. The project will in the long term prevent further stream bank erosion.
 4. The project will reduce flooding along the Carson River.
 5. The project will improve the administration and management of river and stream systems.
 6. The project will assist water users and/or the general public in understanding current water issues.

CWSD's goal is to leverage our funding as much as possible. Although matching funds for projects are not required, those projects that can provide match will be given greater consideration.

TOTAL ESTIMATED PROJECT COST: _____
AMOUNT REQUESTED FROM CWSD: _____

SOURCE OF OTHER FUNDS: List all other sources of funds to be used to match funds requested from CWSD. List the provider of the matching funds and the amount requested from each provider.

ESTIMATED DATE PROJECT TO BEGIN: _____

ESTIMATED TIME TO COMPLETE PROJECT: _____

(If completion date is greater than a year, please indicate how much funding is needed in each fiscal year.)

PERMIT REQUIREMENTS: If your project requires a permit, license and/or approval from a governmental agency to proceed, please provide the current status of each requirement. If approval has not been requested or is in progress, please provide the estimated date on which approval can be expected. Additional sheets may be attached.

OTHER INFORMATION: Provide any other information that may be important to the approval of this application.

SIGNED: _____

NAME: _____

TITLE: _____

DATE: _____

THE CARSON WATER SUBCONSERVANCY DISTRICT RESERVES THE RIGHT TO DENY ANY AND/OR ALL APPLICATIONS FOR FUNDING.