

**CARSON WATER SUBCONSERVANCY DISTRICT**  
**777 East William Street, Suite 110A**  
**Carson City, NV 89701**  
**775/887-7450, fax 775/887-7457**

MEMORANDUM

FROM: Edwin James

DATE: 12-31-2020

SUBJECT: Funding Requests for Fiscal Year 2021-22

In the next couple of months CWSD will begin developing its budget for Fiscal Year 2021-22 and determine what projects to help fund. If you have projects you wish to be considered for funding in Fiscal Year 2021-22, please submit your request in writing to this office by **February 5, 2021**. CWSD's Criteria for Evaluating Funding Requests and Request for Funds form is attached for your use. You do not need to use the Request for Funds form; however, if you use your own form, be sure you address the information requested in our form. CWSD's Finance Committee will meet sometime in late-February or early-March to consider all the projects submitted. Although not required, it is strongly recommended that you be available to present your proposal to the Finance Committee. All applicants that submit a funding request will be notified of the date of the Finance Committee meeting. Providing match for your project is not required; however, those projects that can provide match will be given greater consideration. If your project is accepted, you will need to fill out a Carson River Watershed Project Summary Form. If you have any questions, please give me a call me at 775-887-7456.

**SEE SCHEDULE AND CRITERIA FOR FUNDING BELOW**

Attachment:

# **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 5, 2021. 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, 2021. Please complete the attached application and Project Work Sheet.

### **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.

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**CARSON WATER SUBCONSERVANCY DISTRICT  
REQUEST FOR FUNDING**

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**APPLICANT:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone #

**APPLICANT'S AGENT (if different from Applicant):**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone #

**PROJECT NAME:** \_\_\_\_\_

**PROJECT LOCATION/ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PROJECT DESCRIPTION:** Briefly describe the project. Provide maps, drawings, photographs or other information. Additional sheets may be attached.

**PROJECT GOALS AND BENEFITS:** Briefly describe the project goals and benefits to be realized if the project is implemented. Additional sheets may be attached.

**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.***