



CARSON WATER SUBCONSERVANCY DISTRICT
777 E. William St., #209, Carson City, NV 89701
775/887-7450
cwsd.org

*A healthy watershed
that meets the water
needs of all users*

Fiscal Year 2025-26

SCHEDULE & CRITERIA FOR FUNDING REQUESTS

TIME SCHEDULE

The completed application must be submitted to Carson Water Subconservancy District (CWSD) by January 16, 2025. In February the 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, 2025. Please complete the attached application and Project Work Sheet.

CRITERIA FOR EVALUATING FUNDING REQUESTS

- A. All funding requests shall meet all 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 either describe how the project is consistent with, or be listed as a proposed project in, the [Carson River Adaptive Stewardship Plan \(CRASP\)](#) and/or the [Carson River Regional Floodplain Management Plan \(CRRFMP\)](#), 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.



CARSON WATER SUBCONSERVANCY DISTRICT REQUEST FOR FUNDING FY 2023-24

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, and how it is consistent with the CRASP and/or CRRFMP. 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: _____

Carson Water Subconservancy District reserves the right to deny any and/or all applications for funding.