

Draft/Worksheet Submission/ Final Date Rcvd: ____/____/____

APPLICATION FORM COLUMBIA RIVER WATER MANAGEMENT PROGRAM GRANT FUNDING PROGRAM

Project Name: _____

Project Location: _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. New (Proposed) Water Usage and Project Budget

PROJECT NAME		
PROJECT LOCATION		
STREAM REACH MILE/ LOCATION		
PROJECT DESCRIPTION (TYPE)		
FEASIBILITY STUDY BUDGET		
OPERATIONS AND MAINTENANCE BUDGET (INDICATE DURATION OF AGREEMENT PROPOSED)		
	MATERIALS	LABOR
ESTIMATED CONSTRUCTION COST		
DESIGN FEES		
PROFESSIONAL FEES		
SOFT COSTS (ALL PERMITS, LOCAL FEES, ETC)		
ADDITIONAL SOFT COSTS AND CONTINGENCIES		

3. Detailed Project Descriptions

(PROVIDE EXPLANATIONS AS REQUESTED. ESTIMATE PROJECT AMOUNTS (COSTS, WATER QUANTITIES, ETC. AS CLOSELY AS POSSIBLE.)

A. PROJECT COSTS AND FUNDING SOURCES

TOTAL PROJECT AMOUNT REQUESTED FROM THIS PROGRAM
(DOLLAR TOTAL AND PERCENT OF PROJECT BUDGET)

TOTAL EXPECTED COST PER ACRE FOOT OF WATER DEVELOPED UNDER THIS PROJECT.

B. FUNDING SOURCE INFORMATION

TOTAL PROJECT AMOUNT EXPECTED TO BE PROVIDED BY SOURCES OTHER THAN THIS PROGRAM (DOLLAR TOTAL AND PERCENT OF PROJECT BUDGET)

IDENTIFY SOURCES AND TYPE OF FUNDING OTHER THAN DIRECTLY THROUGH THIS PROGRAM. INCLUDE EXPECTED DATES OF PARTICIPATION. INCLUDE AS AN ATTACHMENT; LETTERS OF COMMITMENT, OFFER LETTERS, APPLICATION APPROVALS, ETC.

SOURCE AND TYPE OF FUNDING: _____

AMOUNT: _____

STATUS: _____

DATES OF PARTICIPATION: _____

SOURCE OF FUNDING: _____

AMOUNT: _____

STATUS: _____

DATES OF PARTICIPATION: _____

SOURCE OF FUNDING: _____

AMOUNT: _____

STATUS: _____

DATES OF PARTICIPATION: _____

SOURCE OF FUNDING: _____

AMOUNT: _____

STATUS: _____

DATES OF PARTICIPATION: _____

C. ESTIMATED TOTAL WATER SAVINGS

CONSERVATION PROJECT: ESTIMATE THE WATER TO BE CONSERVED UNDER THIS PROJECT. PROVIDE ENGINEERING OR TECHNICAL ANALYSIS TO SUPPORT THIS ESTIMATE.

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOT
Qa (AC-FT)													
Qi (CFS)													

HOW MUCH WATER IS THE APPLICANT PREPARED TO PLACE IN TRUST? _____ AF

(NOTE: THE MINIMUM TRUST QUANTITY IS PROPORTIONATE TO FUNDING UNDER THIS PROGRAM.)

HOW MUCH OF THE TRUST WATER QUANTITY ACCRUES IN A TRIBUTARY? (AMOUNT) _____

TRIBUTARY NAME _____

HOW MUCH OF THE TRUST WATER QUANTITY ACCRUES TO THE COLUMBIA RIVER? (AMOUNT) _____

STORAGE PROJECT: ESTIMATE THE WATER TO BE STORED UNDER THIS PROJECT. PROVIDE ENGINEERING OR TECHNICAL ANALYSIS TO SUPPORT THIS ESTIMATE. ESTIMATED AC-FT= _____ AF

ESTIMATE THE TOTAL QUANTITIES AND TIMING OF WHEN WATER WILL BE DIVERTED INTO STORAGE BELOW.

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOT
Qa (AC-FT)													
Qi (CFS)													

HOW MUCH STORED WATER IS THE APPLICANT PREPARED TO ASSIGN FOR STATE USE FOR THE COLUMBIA RIVER PROGRAM?
_____ AF

NOTE: THE MINIMUM QUANTITY ASSIGNED IS PROPORTIONATE TO FUNDING UNDER THIS PROGRAM.

HOW MUCH OF THE STORED WATER QUANTITY WILL BE RELEASED IN A TRIBUTARY? _____ AF

TRIBUTARY NAME _____

HOW MUCH OF THE STORED WATER QUANTITY WILL BE RELEASED TO THE COLUMBIA RIVER? _____ AF

FOR THE PORTION OF STORED WATER ASSIGNED TO THE STATE, DESCRIBE ANY CONSTRAINTS (HYDRAULIC, DEMAND, ETC.) ON THE RELEASE OF THE WATER FOR STATE USE.

D. TO WHAT EXTENT IS THE PROJECT CONSISTENT WITH, SUPPORTIVE TO, OR CITED IN LOCAL NATURAL RESOURCE PLANS?

CITATION PROVIDED ✓	PLAN TYPE	PLAN TITLE	PAGE NUMBER OR OTHER CITATION
	WATERSHED PLAN		
	LEAD ENTITY STRATEGY		
	NPCC SUBBASIN PLAN		
	SALMON RECOVERY PLAN		
	OTHER RECOVERY PLAN		
	COMPREHENSIVE WATER SYSTEM PLAN		
	GMA COMPREHENSIVE PLAN		
	OTHER PUBLISHED PLAN		
	OTHER PUBLISHED PLAN		

E. ATTACH LETTERS OF SUPPORT FROM LOCAL COMMUNITY ENTITIES INVOLVED IN NATURAL RESOURCES. PROVIDE ENTITY TYPE AND TITLE, AND ATTACH LETTERS TO APPLICATION.

LETTER PROVIDED ✓	PLANNING ENTITY TYPE	PLANNING ENTITY TITLE
	TRIBE	
	COUNTY	
	WATERSHED PLANNING UNIT	
	CONSERVATION DISTRICT	
	IRRIGATION DISTRICT	
	WATERSHED PLANNING UNIT	
	SALMON RECOVERY LEAD ENTITY	
	ESA RECOVERY	
	OTHER PLANNING ENTITY	

F. RESOURCES CURRENTLY COMMITTED TO ENSURE LONG-TERM PERFORMANCE OF THE PROPOSED PROJECT (OPERATION AND MAINTENANCE).

WHO IS RESPONSIBLE FOR LONG-TERM OPERATION AND MAINTENANCE OF THE PROJECT? _____

HAVE OPERATION AND MAINTENANCE COSTS BEEN IDENTIFIED? NO. YES. IF YES, PROVIDE REFERENCE. _____

HOW WILL ONGOING OPERATION AND MAINTENANCE COSTS BE FUNDED? _____

ARE MEASUREMENT DEVICES OTHER THAN DIVERSION SOURCE METERS NECESSARY TO MONITOR COMPLIANCE WITH THE PROJECT INTENT AND/ OR PLAN? IF YES, DESCRIBE IN THE BOX BELOW.

NO YES

DOES A STREAM GAUGE EXIST ON THE SOURCE AND DOWNSTREAM OF THE PROPOSED PROJECT? NO YES

IF NO, WILL A STREAM GAUGE BE INSTALLED AS PART OF THIS PROJECT? NO YES

IF YES, DESCRIBE LOCATION AND OPERATING ENTITY _____

IF YES, PROVIDE RIVER MILE _____

WHAT IS THE NEAREST STREAM GAUGE DOWNSTREAM OF THE PROPOSED PROJECT? SOURCE NAME _____

RIVER MILE : _____

G. PROPONENT'S READINESS TO PROCEED:

DESCRIBE STATUS OF FEASIBILITY REPORTS, ENGINEERING DESIGN, AND PERMITS. PROVIDE DOCUMENTATION FOR THESE DELIVERABLES AND DESCRIBE THE PROJECT EFFORT TIMELINE AS APPROPRIATE. (SUBMIT TWO (2) COPIES OF ALL REQUIRED DOCUMENTS)

DOES PROJECT PROPONENT OWN THE LAND FOR THE PROPOSED PROJECT? IF NOT, DOES THE PROPONENT HAVE DOCUMENTED ACCESS TO THE RIGHT OF WAY OR OWNS AN EASEMENT TO THE PROPERTY PROPOSED (PLEASE ATTACH APPROPRIATE DOCUMENTATION INCLUDING TITLE REPORT AS APPLICABLE)

DESIGN/ ENGINEERING STATUS:

- PRE-PLANNING (Pre – permitting) Status: _____
- PRE-DESIGN (DESIGN REPORTS) (10%) Status: _____
- SCHEMATIC DESIGN (30%) Status: _____
- DESIGN DEVELOPMENT (75%) Status: _____
- CONSTRUCTION DOCUMENTS (95%) Status: _____
- BID DOCUMENTS (Ready for bid) Status: _____

PERMIT STATUS

- SEPA Status: _____
- 401 Status: _____
- FISH AND WILDLIFE CONSULTATION () Status: _____
- STORAGE AND /OR SECONDARY USE PERMIT Status: _____
- OTHER (_____) Status: _____
- OTHER (_____) Status: _____
- OTHER (_____) Status: _____

4. Signatures

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. I also understand that I may rescind this application at any time prior to signing the Agreement with no other obligations or requirements.

(Applicant/ Grant Recipient)

____/____/____
(Date)

(Water Right Holder)

____/____/____
(Date)

(Land Owner(s) of Existing Place of Use)

____/____/____
(Date)

For further information contact: