

Partnership Project Funding Program Application

Please refer to the Partnership Project Funding Program Guidelines for additional information about the program, application and evaluation process, contracting requirements, and more.

1. Applicant Information	
Project Proponent/Applicant Name:	
Organization (if applicable):	
Primary Contact Information	
Name:	
Address:	
Phone:e-mail:	
II. Project Information	
Project Name:	
Project Location (Address and County):	
Project Timeline:	
Anticipated Start Date:	
Anticipated Completion Date:	

Other Project Milestones (e.g. study completion, permitting, engineering design, construction):

Project Category(ies) Allocation: chec	k all that apply		
Productive Agriculture	Infrastructu	re	Healthy Rivers
Watershed Health and	Water Quality	Conservat	ion and Efficiency
Describe how the project fits within the identify approximate percentage allocated and the identify approximate percentage allocated and the identification of the identificatio	, ,		•
Project Partners: List all partners invol	ved with this proje	ect and their re	ole in the proposed project.
Project Description: Provide a detailed to the application if necessary. Identify			
Anticipated Permitting Required for requirements (include any and all le required) for this project and the statu.	ocal, state, federa	al or other p	permits anticipated and/or

III. Project Budget and Funding Total Project Cost: ______ Project Budget/Funding: Provide a complete disclosure of all funds and funding sources being utilized to complete the project. Attach additional documentation if appropriate. Requested Contribution from River District:

Project Funding Distributions/Sequence of Payments: Please review the guidelines for the Colorado River District's preferred method for funding distributions. If the typical funding schedule does not work, please provide a detailed explanation why and what the preferred method of distribution of funds is for the applicant.

IV. Local Community Support

Please attach letters of support from the board(s) of county commissioners in which the county(ies) the project is located and/or water from the project will be utilized, and where appropriate, the governing board of the municipality(ies) in which the project is located. Should a letter of support not be available from the appropriate local government(s), project proponent should provide detailed explanation of the reasons.

V. Colorado River District Mission Alignment

v. Colorado River District Mission Alignment		
Please review the Colorado River District Mission Statement, Strate Projects Funding Program Framework. Describe how your project almission and strategic goals of the River District. Describe how your proof the five categories outlined within the framework.	igns with and	d supports the
VI. Project Risk Analysis		
Is there any risk to public health, safety and welfare with this project? If yes, please explain.	Yes	No
What are the potential consequences of project failure, or in the instance produce a final deliverable?	ce of a study,	the failure to
Is there anything in this project that may cause potential injury to verifyes, please explain.	sted absolute Yes	water rights? No
Will this project potentially cause reduced return flows with any 1 If yes, please explain.	potential neg Yes	gative effects?

VII. Additional Factors for Evaluation

Does this project preserve pre-Compact (i.e. appropriation date 1922 of Explain.	or earlier) wate Yes	er rights? No
Does this project have potential to cause injury to other water users? Explain.	Yes	No
Does this project reduce the operational costs to the operator? If yes, provide further explanation.	Yes	No
How does this funding request enhance the project's long-term viability?		
Does this project promote innovation within a water use sector? Explain.	Yes	No
Does this project develop applied research, science and data beneficial to strategic goals of the District?	o the mission a Yes	nd No

Please review the minimum insurance requirements typically require which are outlined in the guidelines document. Can you meet the insurance do you have?	
Signature of Applicant	Date

VIII. Insurance

Completed application and supporting documentation should be submitted by e-mail to partnerfunding@crwcd.org.