



# Application

*Please refer to the Community Funding Partnership (CFP) Guidelines for additional information about the program, application and evaluation process, contracting requirements, and more.*

## **I. Applicant Information**

Sponsor/Applicant Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Primary Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## **II. Project Information**

Project Name: \_\_\_\_\_

Project Location (Address and County): \_\_\_\_\_

Latitude and Longitude (decimal degrees, e.g. 39.55269, -107.335726): \_\_\_\_\_

*\*Please attach a site map, if applicable.*

Is your project in response to an unforeseen emergency or natural hazard such as fire or flood?

Yes            No

If yes, please answer the following: Provide a summary of the emergency which caused the repair or rehabilitation to be necessary (150 words):

If yes, please answer the following: A description, with evidence, if possible, that deferred maintenance and/or neglect was not the cause of damage to the project (150 words):

Brief Project Summary (limit 150 words):

Project Timeline:

Anticipated Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Project Category(ies) Allocation: *Please identify which of the five prioritized funding categories your project requested funding will address (check all that apply):*

- Productive Agriculture*                       *Infrastructure*                       *Healthy Rivers*  
 *Watershed Health and Water Quality*     *Conservation and Efficiency*

Describe how the project objectives fit within the category(ies) selected above, and if multiple categories, identify approximate percentage allocation of the project to each category:

Project Partners: *List all partners involved with this project and their role in the proposed project.*

*Project Description and Tasks: Provide a detailed description of the project including anticipated tasks and project milestones (ie study completion, permitting, design). For each task, please provide anticipated start and end dates. Attach additional documentation to the application if necessary. Identify any water rights associated with the project and the record owner of those water rights.*

*Project Success and Deliverables: Please describe anticipated project deliverables and any measurable results of your project (ie AF of storage, efficiency savings/elimination of system losses, ft of stream protected, etc)*

*Operations and Maintenance: Please describe existing and planned operations and maintenance associated with the project (if relevant). How does this project impact operational costs? If operational costs are expected to increase, describe long-term plans to cover ongoing expenses.*

*Anticipated Permitting Required for this Project: Please describe any anticipated permitting requirements (include any local, state, federal or other permits anticipated and/or required for this project and the status of each permit at the time of application.)*

### **III. Project Budget and Funding**

Total Project Cost: \_\_\_\_\_

Requested Contribution from River District: \_\_\_\_\_

*Project Budget/Funding: Please complete and attach the CFP budget worksheet in alignment with the tasks identified in the project description, including which funding sources and type (in-kind or cash) are being applied to each task. Attach additional documentation if appropriate.*

Please provide a brief budget narrative. Include a description of in-kind services (if applicable). Additionally, include any potential changes, timeline to secure additional funding needs, unforeseen influencing factors, and other details not included in the budget worksheet:

Please describe planned efforts to meet the project budget. Should budget be exceeded please describe plan to cover additional costs.

Project Funding Distributions/Sequence of Payments: *Please review the standard method for funding distributions outlined in the CFP Program Guidelines document.*

I have read and understand the CRD's standard disbursement method for the Community Funding Partnership Contract (please initial).

If the standard 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**

Please review the Colorado River District Mission Statement, Strategic Plan and Partnership Projects Funding Program Framework. Describe how your project aligns with and supports the mission and strategic goals of the River District.

**VI. Project Risk Analysis**

What precautions are being taken to mitigate potential project failures?

Is there anything in this project that may cause potential injury to vested absolute water rights?  
If yes, please explain. Yes                      No



Will this project potentially cause reduced return flows with any potential negative effects?  
If yes, please explain. Yes                  No

**VII. Additional Factors for Evaluation**

Does this project preserve pre-Compact (i.e. appropriation date 1922 or earlier) water rights?  
Explain. Yes                  No

Does this project have potential to cause injury to other water users?  
Explain. Yes                  No

How does this funding request enhance the project's long-term viability?

Does this project promote innovation within a water use sector?                      Yes                      No  
Explain.

Does this project or funding request develop applied research, science and data beneficial to the mission and strategic goals of the District?                      Yes                      No

**VIII. Insurance**

Please review the minimum insurance requirements for a funding agreement which are outlined in the CFP Program Guidelines document.

Please acknowledge that you have read and understand the insurance requirements.

I have read and understand the CRD's standard insurance requirements for the Community Funding Partnership Contract

If you believe that extenuating circumstances or hardships exist that prevent you from fulfilling this requirement, please explain.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Completed application and supporting documentation should be submitted by e-mail to [partnerfunding@crwcd.org](mailto:partnerfunding@crwcd.org).*