

SIERRA NEVADA CONSERVANCY	
PROPOSITION 1 – Watershed Improvement Program Project Information Form	
SNC REFERENCE #	
PROJECT NAME	
APPLICANT NAME (<i>Legal name, address, and zip code</i>)	
AMOUNT OF GRANT REQUEST	
TOTAL PROJECT COST	
PROJECT LOCATION (<i>County with approx. lat/long, center of project area</i>)	
SENATE DISTRICT NUMBER	ASSEMBLY DISTRICT NUMBER
PERSON WITH MANAGEMENT RESPONSIBILITY FOR GRANT CONTRACT	
<i>Name and title:</i> _____ <i>Phone:</i> _____ <i>Email Address:</i> _____	
<input type="checkbox"/> Mr.	
<input type="checkbox"/> Ms.	
TRIBAL CONTACT(S) INFORMATION	
<i>Name:</i> _____ <i>Phone Number:</i> _____	
<i>Email address:</i> _____	
COUNTY ADMINISTRATOR OR PLANNING DIRECTOR CONTACT INFORMATION	
<i>Name:</i> _____ <i>Phone Number:</i> _____	
<i>Email address:</i> _____	
NEAREST PUBLIC WATER AGENCY CONTACT INFORMATION	
<i>Name:</i> _____ <i>Phone Number:</i> _____	
<i>Email address:</i> _____	

Please identify the appropriate project category below and provide the associated details *(Choose One)*

Category One Site Improvement

Category Two Pre-Project Activities

Category One Acquisition

Site Improvement/ Acquisition Project Area (for Category One Projects Only)

Total Acres:

SNC Portion (if different):

Acquisition Projects Only For Acquisitions Only

Appraisal Included

Select one deliverable (for Category Two Projects Only)

Permit

CEQA/NEPA Compliance

Appraisal

Condition Assessment

Biological Survey

Environmental Site Assessment

Plan