

SIERRA NEVADA CONSERVANCY
PROPOSITION 1 – Watershed Improvement Program Pre-Application Form

PROJECT NAME

APPLICANT NAME (*Legal name, address, and zip code*)

AMOUNT OF GRANT REQUEST

ESTIMATED TOTAL PROJECT COST

DESCRIPTION OF PROJECT (Limit 5,000 characters including spaces)

DESCRIPTION OF PROJECT WORKPLAN AND SCHEDULE

DESCRIPTION OF COMMUNITY SUPPORT

STATUS OF TRIBAL INVOLVEMENT AND CONTACT INFORMATION

DESCRIPTION OF LONG-TERM MANAGEMENT PLAN

DESCRIPTION OF REGULATORY REQUIREMENTS/PERMITS NEEDED

DESCRIPTION OF RESTRICTIONS/AGREEMENTS NEEDED/IN PLACE

DESCRIPTION OF ORGANIZATIONAL CAPACITY

PROJECT LOCATION (*County with approx. lat/long, center of project area*)

SENATE DISTRICT NUMBER

ASSEMBLY DISTRICT NUMBER

PERSON WITH MANAGEMENT RESPONSIBILITY FOR GRANT CONTRACT

Name and title

Phone

Email Address

Mr.

Ms.

COUNTY ADMINISTRATOR OR PLANNING DIRECTOR CONTACT INFORMATION

Name:

Phone Number:

Email address:

NEAREST PUBLIC WATER AGENCY CONTACT INFORMATION

Name:

Phone Number:

Email address:

BRIEF DESCRIPTION OF THE CEQA STATUS OF THE PROJECT

BRIEF DESCRIPTION OF THE NEPA STATUS OF THE PROJECT (IF APPLICABLE)	
<p>Please identify the appropriate project category below and provide the associated details <i>(Choose One)</i></p> <p> <input type="checkbox"/> Category One Site Improvement <input type="checkbox"/> Category Two Pre-Project Activities <input type="checkbox"/> Category One Acquisition </p>	
<p>Site Improvement/ Acquisition Project Area</p> <p>Total Acres: SNC Portion (if different):</p> <p>Acquisition Projects Only For Acquisitions Only</p> <p> <input type="checkbox"/> Appraisal Included <input type="checkbox"/> Will submit appraisal by </p>	<p>Select one primary Pre-Project deliverable</p> <p> <input type="checkbox"/> Permit <input type="checkbox"/> CEQA/NEPA Compliance <input type="checkbox"/> Appraisal <input type="checkbox"/> Condition Assessment <input type="checkbox"/> Biological Survey <input type="checkbox"/> Environmental Site Assessment <input type="checkbox"/> Plan </p>
<p>ITEMS TO BE SUBMITTED WITH PRE-APPLICATION FORM:</p> <p> <input type="checkbox"/> Project Location Map <input type="checkbox"/> Parcel Map <input type="checkbox"/> Topo Map <input type="checkbox"/> Photos of Project Site <input type="checkbox"/> Site Plan <input type="checkbox"/> Long-Term Management Plan </p>	

To be completed by the applicant:

Date of Application

Name and Title of Authorized Representative

Contact Phone Number