

**CARSON TRUCKEE WATER CONSERVANCY DISTRICT
APPLICATION FOR FUNDING of WEED ABATEMENT PROJECTS**

APPLICANT NAME: _____

APPLICANT ADDRESS: _____
City County State Zip Code

Email Address

Phone Number

APPLICANT'S AGENT: _____

AGENT'S ADDRESS: _____
City County State Zip Code

Email Address

Phone Number

APPLICATION DATE: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

PROJECT PURPOSE, DESCRIPTION & BENEFITS: Briefly describe the overall Project scope and benefits that will be realized through this Project (immediate and long term). Provide information on species to be eradicated, photographs or other relevant information. Additional sheets may be attached.

TREATMENT/ERADICATION AREAS: Provide descriptions, maps, drawings, photographs or other relevant information delineating areas & acreage to be included within the Project scope. Additional sheets may be attached.

TREATMENT/ERADICATION METHODS: Describe removal methods including any chemicals to be used, application methods and concentrations. Describe any equipment necessary & source of equipment. Provide evidence of appropriate application licenses, certifications & training. Additional sheets may be attached.

REVEGETATION & MAINTENANCE: Provide a description of plans for providing revegetation of the treated areas and/or maintaining the area free of species eradicated. Additional sheets may be attached.

MONITORING & METRICS: Provide a description of plans for post project monitoring and metrics for assessing project success; provide examples of similar projects that demonstrate successful outcomes. Additional sheets may be attached.

ESTIMATED PROJECT COSTS: \$ _____
Please provide a project cost breakdown by category:
FUNDING REQUESTED FROM CTWCD: \$ _____
FUNDING FROM OTHER SOURCES TOTAL: \$ _____

List Sources & Amounts: _____
: _____
: _____

ESTIMATED PROJECT START DATE: _____
ESTIMATED PROJECT COMPLETION DATE: _____

Please provide a detailed Project schedule/timeline

REQUIRED PERMITS OR APPROVALS: List all permits, licenses and approvals required and note if each has been acquired or is in process. If in process, note the current status and expected approval date. Provide evidence of appropriate licensing, certifications and training for the project. Additional sheets may be attached.

OTHER INFORMATION: Provide any information that may be important to the approval of this application. Additional sheets may be attached.

FINAL REPORT: Successful project applicants shall submit a final report to the District within 30 days of project completion which shall detail the project accomplishments and shall provide a presentation to the Board upon request.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I have the authority to undertake the proposed Project and that as the applicant, I assume all responsibility for all project elements including, but not limited, compliance with all environmental and safety regulations and relevant construction standards.

SIGNED: _____
NAME: _____
TITLE: _____
DATE: _____

THE CARSON-TRUCKEE WATER CONSERVANCY DISTRICT WILL CONSIDER APPLICATIONS ANNUALLY IN ACCORDANCE WITH THE PUBLISHED ANNAUL SCHEDULE. THE CARSON-TRUCKEE WATER CONSERVANCY DISTRICT RESERVES THE RIGHT TO DENY ANY AND/OR ALL APPLICATIONS FOR WEED ABATEMENT FUNDING.