

## Stillaguamish River Clean Water District Discretionary Fund Application Form

PROJECT APPLICANT :	Reference No. _____ (to be filled in by SWM personnel)
Name _____	Primary Phone: _____
Address _____	Alternate Phone: _____
City/State/Zip _____	E-Mail: _____
<b>OWNER OF PROJECT SITE</b> (if different from applicant):	
Name _____	Primary Phone: _____
Address _____	Alternate Phone: _____
City/State/Zip _____	E-Mail: _____
<b>PROJECT LOCATION:</b>	
If known: Township _____ Range _____ Section _____	
Street address of, or driving directions to, project site (street map may be attached, if desired):	
_____	
_____	
<b>PROJECT DESCRIPTION:</b>	
Attach a written description of the proposed project (no more than 2 pages), including the following information:	
<ul style="list-style-type: none"> <li>• Problem to be solved</li> <li>• Proposed solution</li> <li>• Expected benefits</li> <li>• Maintenance plan, if any</li> <li>• Any other pertinent information (See Rating Matrix)</li> </ul>	
Photos, drawings, maps, etc. may be included with the project description.	
<b>PROJECT CATEGORY:</b> (See guidelines/eligible projects -- check all that apply)	
<input type="checkbox"/> Reduce fecal coliform bacteria contamination	<input type="checkbox"/> Protect water bodies from livestock
<input type="checkbox"/> Reduce contaminated stormwater runoff	<input type="checkbox"/> Install buffer plantings or bioswales
<input type="checkbox"/> Reduce groundwater contamination	<input type="checkbox"/> Water quality outreach and education
<b>SUPPORTING ORGANIZATIONS</b> (if any):	

PROJECT LEAD/CONTACT PERSON (if different from applicant):

Primary Phone: \_\_\_\_\_

Name \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**BUDGET:**

	Total Project Budget	=	Funding Request	+	Applicant Match*	Match Source
Labor	\$ _____	=	\$ _____	+	\$ _____	_____
Materials	\$ _____	=	\$ _____	+	\$ _____	_____
Equipment	\$ _____	=	\$ _____	+	\$ _____	_____
Contracts	\$ _____	=	\$ _____	+	\$ _____	_____
(other)	\$ _____	=	\$ _____	+	\$ _____	_____
(other)	\$ _____	=	\$ _____	+	\$ _____	_____
Total	\$ _____	=	\$ _____	+	\$ _____	_____

\*A minimum 25% match is required. See guidelines and rating matrix.

**Have all Project Matching Fund Commitments (if any) been Obtained? Yes [ ] No [ ]**

**Are all the Necessary Construction/Land Use Permits in Hand? Yes [ ] No [ ] Don't Know [ ]**

**ANTICIPATED PROJECT SCHEDULE:**

Approx. commencement date: \_\_\_\_\_ Approx. completion date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ DATE

Property Owner Signature \_\_\_\_\_ DATE  
(leave blank if applicant is the property owner)

Completed applications should be sent to:

Attn: Sean Edwards, Senior Planner  
Snohomish County Public Works, Surface Water Management  
3000 Rockefeller Ave., MS 607  
Everett, WA 98201

Phone: 425-388-3024  
Email: sean.edwards@snoco.org