



P.O. Box 1747 ~ 548 Front St. ~ Fairplay, CO 80440-1747
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2024 Funding Application Form

Name of Applicant:

Property Owner (if different than applicant):

Tax ID/FEIN: For Entities-DUNS #:

Liability Insurance Certification (if required)
(can request certificate of insurance with CCWCD as add'l insured)

Primary Contact Information (Name, Title, Mailing Address, Phone, eMail)

Secondary Contact Information:

Project Title:

Project Site (Physical Location Address/Legal Description) - please attach a map of Project Site:

Water Stream/Body Associated with Project:

Project Category(s) *(water quality, habitat/wildlife, recreation, irrigation, mining, history, education, other)*:

Project Period: Start Date: End Date:

Amount Requested: Other Funding: Secured Y/N

Narrative of Proposed Project Needing Funding:

Does this project directly or indirectly affect water quality/protection/usage?
If yes, please describe

How does the project benefit 'Park County Water for Park County'?

What areas/communities are affected by this project?

Is the project outreach/educational or have an educational component?

If yes, please describe

What other aspects of this project should CCWCD consider?

Describe the goals and objectives of this project.

Are there any quantitative statistics to support the need for this project?

List any expected outcomes of this project.

What are the commitments for future operation or maintenance of this project? (if applicable)

Budget

Complete the table provided in the Grant Application Guidelines (or one similar) for an estimated project budget.

List any sources for these funds, including any planned in-kind work and if these sources are secured.

Other

Attach any maps, photos or assessment documentation obtained.

For CCWCD Use Only:	
Date Received:	
Grant Approved? Y/N	Grant No: