Sabine River Authority of Texas								
Community Assistance GRANT Program								
Application Form – Water Supply Corporations								
Each entity must submit a completed Community Assistance Grant Application form to be considered for funding. Applications are valid for one-year from date of receipt and are considered for funding quarterly by the Sabine River Authority Board of Directors. (Please type or print the requested information below)								
Entity Information								
Name of Entity (Water Supply Corporation)					CCN #			
Address	County							
City State ZIP Code								
Manager			FAX No.					
Telephone No.			Email Address					
Non-Profit/Member-Owned WSC (Y/N)		s Served (#) Annually Audited (Y/N)		Date of Last Annual Audit				
Year Established	Subject to Op	en Meetings Act (Y/N)	Subject to Open Records Act (Y/N)					
Previous Funding Sources (within the last 10 years):								
Source		Project Type		4	mount	Date		
Federal (Specify)	Loan	Water	Water Conservation					
	Grant	Wastewater	Water Quality					
State (Specify)	Loan	Water	Water Conservation					
	Grant	Wastewater	Water Quality					
Local (Specify)	Loan	Water	Water Conservation					
	Grant	Wastewater	Water 0	Quality				
Project Description Provide a summary description of the Project. Additional information should be attached as needed.								

Project Category - costs could include materials, equipment or construction costs for:	Check one Category that best describes the purpose of the Project					
A. Water Supply System – Permitted capacity of a Water Supply System is being expanded or additional facilities are needed for growth.						
B. Wastewater Management – Permitted capacity of a Wastewater Treatment System is being expanded or additional facilities are needed for more stringent limits.						
C. Water Conservation - Promotes or improves water use efficiency.						
D. Water Quality - Promotes or improves instream water quality.						
Requested Amount: (up to \$20,000)	\$					
Local Commitment: (Amount of Local Funds)	\$					
In-Kind Services: (Describe and value)	\$					
Other Sources of Funds: (Describe)	\$					
Total Project Costs:	\$					
Links to Other State/Federal Loan or Grant Programs: (Identify program and status of approval)						
Signature of Legally Authorized WSC Official						
Printed Name and Title of Applicant's Authorized Representative	Phone Number:					
Signature of Authorized Representative	Date:					

Mail

- 1) Completed application
- Map of project area
 Copy of last annual audit

Sabine River Authority of Texas Community Assistance Program P. O. Box 579 Orange, TX 77631

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