

7.7 State Water Resources Management System

STATE WATER RESOURCES MANAGEMENT SYSTEM PROJECTED FUNDING NEED

Applicant: Address: Phone Number: 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;">Proposed Funding Package</td> </tr> <tr> <td style="width: 80%;">Period Beginning</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>State Appropriation</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Grant _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Loan _____</td> </tr> <tr> <td>Federal Appropriation</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Grant _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Loan _____</td> </tr> <tr> <td>Project Funds</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Drinking Water SRF Loan</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">_____</td> </tr> </table>	Proposed Funding Package		Period Beginning	_____	State Appropriation	_____		Grant _____		Loan _____	Federal Appropriation	_____		Grant _____		Loan _____	Project Funds	_____	Other	_____	Drinking Water SRF Loan	_____	TOTAL	_____
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Project Title:																									

Description of Proposed Activities:

The Applicant Certifies that:

To the best of my knowledge and belief, the information included within this application is true and correct. The document and signatory have been duly authorized by the governing body of the applicant:

Name & Title of Authorized Signatory (Typed)

Signature

Date

