

Department of Water Resources
PROJECT INFORMATION FORM



Applicant Information		
Name <i>(Name of government entity submitting proposal)</i>		
Type of Entity:		
Mailing Address		Physical Address
Telephone	Fax	Email
Applicant Point of Contact (Project Manager)		
Name		Title
Telephone	Fax	Email
Alternate Point of Contact (Authorized Representative)		
Name		Title
Telephone	Fax	Email
Members Of Congress		
Name		District No.
Name		District No.
State Senators		
Name		District No.
Name		District No.
Members Of State Assembly		
Name		District No.
Name		District No.

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Project Information

Title of Project:

Project Type:	Miles of Levee Affected:	Requested State Cost Share %:
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Project Summary (concise paragraph describing the project):

Project Benefits:

Schedule

Start Date:	Completion Date:
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Budget

Total Project Cost:	Requested State Share:	Federal Contribution:	Local Share:
\$	\$	\$	\$

Community Information

Cities/Communities in the Protected Area: