



COST-SHARE REQUEST

NORTH DAKOTA STATE WATER COMMISSION

DEVELOPMENT DIVISION

SFN 60439 (10/2018)

This form is to be filled out by the project or program sponsor with State Water Commission staff assistance as needed. Applications for cost-share are accepted at any time. However, applications received less than 45 days before a State Water Commission meeting will be held for consideration at the next scheduled meeting.

Please answer the following questions as completely as possible. Supporting documents such as maps, detailed cost estimates, and engineering reports should be attached to this form. If additional space is required, please use extra sheets as necessary.

For information regarding cost-share program eligibility see the *State Water Commission Cost-Share Policy, Procedure, and General Requirements* – available upon request or at www.swc.nd.gov.

Project, Program, Or Study Name		
Sponsor(s)		
County	City	Township/Range/Section
Description Of Request <input type="checkbox"/> New <input type="checkbox"/> Updated (previously submitted)		
Specific Needs Addressed By The Project, Program, Or Study		
If Study, What Type <input type="checkbox"/> Water Supply <input type="checkbox"/> Hydrologic <input type="checkbox"/> Floodplain Mgmt. <input type="checkbox"/> Feasibility <input type="checkbox"/> Other		
If Project/Program <input type="checkbox"/> Flood Control <input type="checkbox"/> Multi-Purpose <input type="checkbox"/> Bank Stabilization <input type="checkbox"/> Dam Safety/EAP <input type="checkbox"/> Recreation <input type="checkbox"/> Water Supply <input type="checkbox"/> Snagging & Clearing <input type="checkbox"/> Property Acquisition <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Retention <input type="checkbox"/> Rural Flood Control <input type="checkbox"/> Other		
Are Connections Of New Rural Customers Located Within The Extra-Territorial Jurisdiction Of Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Jurisdictions/Stakeholders Involved		
Description Of Problem Or Need And How Project Addresses That Problem Or Need		
Has Feasibility Study Been Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable		
Has Engineering Design Been Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable		
Have Land Or Easements Been Acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable		

Have You Applied For Any State Permits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
If Yes, Please Explain				
Have You Been Approved For Any State Permits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
If Yes, Please Explain				
Have You Applied For Any Local Permits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
If Yes, Please Explain				
Have You Been Approved For Any Local Permits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
If Yes, Please Explain				
Briefly Explain The Level Of Review The Project Or Program Has Undergone				
Do You Expect Any Obstacles To Implementation (i.e., problems with land acquisition, permits, funding, local, opposition, environmental concerns, etc.)?				
Funding Timeline (carefully consider when SWC cost-share will be needed)				
Source	Total Cost	2017-2019 7/1/17-6/30/19	2019-2021 7/1/19-6/30/21	Beyond 7/1/21
Federal	\$	\$	\$	\$
State Water Commission	\$	\$	\$	\$
Other State	\$	\$	\$	\$
Local	\$	\$	\$	\$
Total	\$	\$	\$	\$
List All Other State Of North Dakota Funding Sources (Grant or Loan), For Which You Have Applied				
Please Explain Implementation Timelines, Considering All Phases And Their Current Status				
Have Assessment Districts Been Formed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable				
Submitted By				Date
Address		City	State	ZIP Code
Telephone Number		Engineer Telephone Number		
Sponsor Email Address		Engineer Email Address		
I Certify That, To The Best Of My Knowledge, The Provided Information Is True And Accurate.				
Signature				Date

MAIL TO:

ND State Water Commission • ATTN: Cost-Share Program
900 E Boulevard Ave. • Bismarck, ND 58505-0850