



2019-2021 PROJECT INFORMATION AND PLANNING
NORTH DAKOTA STATE WATER COMMISSION
PLANNING AND EDUCATION DIVISION
SFN 60440 (10/2018)

This form should be filled out by the project/program sponsor or consultant, with SWC staff assistance as needed. The information will be reviewed by SWC staff and added to our project/program database to assist with budgeting efforts, and completion of a Water Development Plan for future Biennia.

This form will also serve as the first step in obtaining cost-share assistance. *However, this form alone will not be considered as your formal request for SWC cost-share.* Once a project is in more advanced stages and is ready for potential SWC cost-share, a SWC cost-share application with all required information must be submitted for consideration.

Please answer the following questions as thoroughly as possible. If additional space is required, please use extra sheets as necessary, or provide supplemental information if available. For assistance with this form, contact the SWC Planning and Education Division at (701) 328-4989 or email ndswmp@nd.gov.

Project, program, or study name:
Sponsor(s):
Location (county, city, township, etc.):
Benefitting Basin: <input type="checkbox"/> Devils Lake <input type="checkbox"/> Lower Missouri <input type="checkbox"/> Lower Red River <input type="checkbox"/> Mouse River <input type="checkbox"/> James River <input type="checkbox"/> Upper Missouri <input type="checkbox"/> Upper Red River <input type="checkbox"/> Multi-Basin
Description of request: <input type="checkbox"/> New <input type="checkbox"/> Updated (previously submitted)
What type of effort is being pursued? <input type="checkbox"/> Project <input type="checkbox"/> Study
What is the main focus of the project or study? <input type="checkbox"/> Flood Control <input type="checkbox"/> Water Supply (Municipal) <input type="checkbox"/> Water Supply (Rural) <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply (Regional) <input type="checkbox"/> General Water Management
Description of project or study; including description of problem or need and how this effort addresses that problem or need:
Has a feasibility study been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable
Has an 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 all necessary permits been acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Applicable

Level of public review project or program has undergone:

Do you expect any significant obstacles to implementation/construction (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	7/1/2017-6/30/2019 (And Prior Bienna)	7/1/19-6/30/21	7/1/2021-6/30/2023	Beyond 6/30/2023
Federal	\$	\$	\$	\$	\$
State Water Commission	\$	\$	\$	\$	\$
Other State Of ND	\$	\$	\$	\$	\$
Local	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Please provide names and amounts from all potential funding partners/sources, including all other State of North Dakota sources (grant or loan):

Explain implementation timelines, considering all phases and current status:

Project Sponsor Contact Name		Title		Date
Address		City	State	ZIP Code
Telephone Number			Email Address	

Project Consultant Contact Name		Title		Date
Address		City	State	ZIP Code
Telephone Number			Email Address	

Please Attach Supporting Information As Needed

E-MAIL TO: NDSWMP@nd.gov

MAIL TO:

Planning & Education Division
 ND State Water Commission
 900 E Boulevard Ave. Dept. 770
 Bismarck, ND 58505-0850